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JUVENILES AND DANGEROUS DRUGS

HEARING

BEFORE THE

SUBCOMMITTEE ON JUVENILE JUSTICE

OF THE

COMMITTEE ON THE JUDICIARY

UNITED STATES SENATE

NINETY-SEVENTH CONGRESS

SECOND SESSION

ON

THE IMPACT OF DRUGS ON JUVENILE CRIME

JANUARY 28, 1982

Serial No. J–97–91

Printed for the use of the Committee on the Judiciary

U.S. GOVERNMENT PRINTING OFFICE
WASHINGTON : 1982

552-51

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[97th Congress]

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CONTENTS

OPENING STATEMENT

	Page
Specter, Hon. Arlen, a U.S. Senator from the State of Pennsylvania, chairman, Subcommittee on Juvenile Justice	1

CHRONOLOGICAL LIST OF WITNESSES

Pollin, Abe, owner, Washington Bullets basketball team	2
Reno, Hon. Janet, state attorney, 11th Judicial Circuit, Dade County, Fla	5
Durell, Jack, Deputy Director, National Institute of Drug Abuse, U.S. Department of Health and Human Services	18
Pauken, Thomas W., Director, ACTION, accompanied by Connie Horner, deputy assistant Director of policy and planning, ACTION	30
Milligan, Hon. John, circuit judge, Fifth Circuit of Ohio, representing the National Council of Juvenile and Family Court Judges	37
Grodenchik, Penny, president, Gaudenzia, Inc., Philadelphia, Pa	48
Shankman, Dr. Sidney, executive director and founder, Second Genesis, Alexandria, Va	57

ALPHABETICAL LISTING AND MATERIALS SUBMITTED

Durell, Jack:	
Testimony	18
Prepared statement	21
Grodenchik, Penny:	
Testimony	48
Prepared statement	49
Milligan, John:	
Testimony	37
Prepared statement	42
Pauken, Thomas W.:	
Testimony	30
Prepared statement	34
Pollin, Abe: Testimony	2
Reno, Janet:	
Testimony	5
Prepared statement	14
Shankman, Sidney:	
Testimony	57
Prepared statement	60

JUVENILES AND DANGEROUS DRUGS

THURSDAY, JANUARY 28, 1982

U.S. SENATE,
COMMITTEE ON THE JUDICIARY,
SUBCOMMITTEE ON JUVENILE JUSTICE,
Washington, D.C.

The subcommittee met at 9 a.m., in room 5110, Dirksen Senate Office Building, Hon. Arlen Specter (chairman of the subcommittee) presiding.

Staff present: Kevin Mills, counsel to the subcommittee.

OPENING STATEMENT OF HON. ARLEN SPECTER, A U.S. SENATOR FROM THE STATE OF PENNSYLVANIA, CHAIRMAN, SUBCOMMITTEE ON JUVENILE JUSTICE

Senator SPECTER. Good morning, ladies and gentlemen. I would like to begin the hearing promptly because after the scheduling of this hearing, a joint session of Congress was scheduled, which convenes at 11 today and will require the adjournment of this hearing at approximately 10:15. We have a sizable list of witnesses who have come from far and wide on a very important subject, so I would like to move right ahead.

The subject that we are inquiring into today on the Juvenile Justice Subcommittee is the impact of drugs on juvenile crime. This is a continuation of our interest, reflected during several hearings we held during 1981, looking to see if we could identify the causes of juvenile crime, in an effort to try to direct our efforts through appropriate, remedial legislation.

There is no question about juvenile crime being violent in and of itself. As important, is the fact that juvenile crime can be part of a cycle, which all too often produces adult career criminals. If we can find some way to deal with this problem when the juvenile delinquent first begins turning toward unlawful activity, then we could really make an enormous contribution to solving the problem of crime in this country.

It is well recognized that drugs are a major contributing cause of juvenile misconduct, juvenile delinquency and ultimately juvenile crime. The inquiries into the drug problem have been going on for a very long time, a couple of decades at least, and very little progress has been made in finding answers to the problems, in terms of early detection or therapy for the addicts, in terms of investigation, prosecution and sentencing of the offenders, in terms of limiting the flow of drugs from foreign countries.

It is a vast subject and my sense is that we are in need of a master plan. A great many of us are working on the problem and

perhaps this subcommittee can make a significant contribution in this line.

Our chief counsel together with his able staff have lined up an impressive array of witnesses today, as usual.

Our first witness is Mr. Abe Pollin, owner of the Washington Bullets basketball team. Mr. Pollin, we very much appreciate your taking the time to join us. I note that you came from Philadelphia to Washington, and with substantial success. I hope that is a precedent which may be followed by others of us who follow the same path. We welcome you here. I understand that you have some significant experiences with the Washington Bullets, to share with us in terms of your own experience not necessarily your winning streak on the court but perhaps your winning attitude as to how to solve the problem of drug addiction.

We thank you for joining us. We would be pleased to hear from you.

STATEMENT OF ABE POLLIN, OWNER, WASHINGTON BULLETS BASKETBALL TEAM

Mr. POLLIN. Good morning. I thought it would be appropriate for me to come this morning because maybe we could add some insight as to how one deals with the problem of drugs when one is discovered in your family.

We at the Capital Centre, which includes the Bullets, the Capitals and the staff of the Capital Centre, consider ourselves the Capital Centre family, and we try to act in a way that shows that we really care for each other, and that's been that way for the last 8 years, since we opened the Capital Centre.

Recently a member of the Washington Bullets, it became public knowledge that he had been involved and has a problem with drugs. The management was made aware of this situation not too many months ago, and we had a meeting with him and with his advisers, and our tack was that this was a member of our family who had problems and that we would do everything and all that we could to close ranks, if you will, and to aid him and to help him overcome his problem.

That we have done. His problem became public knowledge about a month, 3 or 4 weeks ago, I guess, or maybe less than that, and we have publicly stood by him. We intend to. He is a very fine young man and we feel that his problem can and will be overcome.

So we have joined ranks, the teammates on his team and all the people who are involved with him and who know him, including his college coach and all his friends, who are rallying behind him and giving him added support. And we are very hopeful that that will in fact mean that he will overcome his problem.

Senator SPECTER. What is there to be learned from the experience that John Lucas has had in terms of getting into the drug habit? How did it happen?

Mr. POLLIN. I really do not know, Senator. I do not know how it happened. I think one of the things that John was doing, was really, I think, kidding himself and kidding the people around him for a long time, and not admitting his problem. I think once he got to the point of admitting his problem and coming out with it, first

to his teammates, his coach, myself and others, and then eventually to the general public, I think he was well on his way to the solution of his problem. I really do not know when and how it started.

Senator SPECTER. Well, he is quoted in the Washington Post as saying, "My problem started last year when I was depressed about a lot of things. I don't want to keep doing it because it's gotten me into a lot of trouble. I know now that it's time for me to make myself stop."

Well, if we cannot identify the cause, and of course there are varied causes with each individual, what can we learn from the family experience, as you put it, of the Washington Bullets, in trying to help a family member with this problem?

Mr. POLLIN. I think what we can learn is that if a member of our family gets in trouble, and in this case gets in trouble with drugs, I think the thing that we ought to do is rally, show support, love, caring, rather than some families, where the member who has gotten in trouble is sort of shunned aside and put aside. And I think that is not the way to solve it.

I think at this point, that particular party who has problems needs the support and needs the extra love and the extra caring of people around him, and I think that is the part that I really wanted to emphasize.

Senator SPECTER. Well, that makes good sense. As the owner and the coach and the players say to him, John, we understand your problems. we want to help you, then what comes next in terms of the help?

Mr. POLLIN. I think really it has to come from the inner strength of John Lucas, which I think he is now displaying. He is under therapy. He has everybody pulling for him. Everybody is aware of his problem. And he is doing what he can. I have great confidence that he will overcome his problem, with all that support.

Senator SPECTER. How have the drugs affected him physically?

Mr. POLLIN. It is amazing from the standpoint of his play on the court. He has not been affected. He has occasionally, when he has been involved, he would miss a practice. I think he missed one game for us. I know in the past he missed some games with his previous team, the Golden State Warriors, and I think they became disenchanted with his performance.

Senator SPECTER. Was that occasion caused by drug usage?

Mr. POLLIN. The explanation was not drugs, but I would suspect that it was. I do not think that he admitted it at that time, but as I say, he has admitted it now.

Senator SPECTER. And you say he has only missed one game?

Mr. POLLIN. For us, this year, correct.

Senator SPECTER. And he has played through on the current string of successes?

Mr. POLLIN. Yes, he has played very well. And as a matter of fact, one of our other players who is the other point guard that we have is injured, and John, to show the kind of human being he is, the other night, two nights ago, we had a very important game against Chicago. The other player, Frank Johnson, who is the only other guard who can play the position, was hurt and could not play, and John, on his way to practice, was in a rather serious automobile accident. It cut up his head pretty badly. He needed

stitches in his leg. And to show the kind of stuff that is in him, he came and played with those injuries and played exceedingly well and we won the game.

So he is a very special young man with a lot of courage.

Senator SPECTER. Have you had any discussions with him about his status as a role model for youngsters?

Mr. POLLIN. Yes, I have briefly, and he understands that athletes, either professional or amateur, who are well known and looked upon as role models by the youngsters, have really a special place to play in American life, and therefore they have a special responsibility. He understands that.

Senator SPECTER. And does he acknowledge a responsibility to youngsters to try to set an example for them?

Mr. POLLIN. Yes, he does.

Senator SPECTER. May I ask you what the response of the NBA, the league, has been to the problem? Is there any imminent danger of its acting on the matter?

Mr. POLLIN. They have interviewed him. They have their own security forces and he has spent a day I think last week being interviewed by the Commissioner, and they of course are very aware of the problem and what it could do. Therefore, they have to be very cautious. But they have agreed that he would be allowed to continue playing as long as he is on this special program, which he is on, to overcome his problem.

I had a personal conversation with the Commissioner and he knows of my own interest in the case and he knows of the interest of everyone in Washington who surrounds John and is trying to help him, so he is allowed to continue playing.

Senator SPECTER. Mr. Pollin, would you have any broader suggestions for this subcommittee as to how to deal with the drug problem and juveniles?

Mr. POLLIN. Well, I would repeat, just from the experience that I have had with John, that obviously he is not out of the woods yet—I think he will be—but my experience has been that when a person gets into drug problems, what they need is honesty in admitting the problem, and then when they do that I think what they need is support from those around them, those who love them, those who care about them. And I think with the added support and the added love and the added caring, I think it will go a long way toward helping them overcome the problems.

Senator SPECTER. Mr. Pollin, are you at liberty to tell us about the nature of the therapy that John Lucas is undertaking at the present time?

Mr. POLLIN. No, I'm not.

Senator SPECTER. Well, we very much appreciate your coming, Mr. Pollin. We know how busy you are. Although you do not play any games at 9 a.m., and probably do not even practice at 9 a.m., we know you have many other things to occupy your time and we are grateful to you.

We would appreciate it if you would stay in touch with us in terms of the progress of John Lucas.

Mr. POLLIN. I certainly will.

Senator SPECTER. And you understand what our lines of interest are, and to the extent that you can be of assistance to us, we would be very grateful to you. Thank you very much.

Mr. POLLIN. Thank you, Senator.

Senator SPECTER. I would like to call next the Honorable Janet Reno, the State attorney from Dade County, Fla. Attorney Reno, we welcome you here.

I note from your resumé that subsequent to appointment by the Governor, you have been twice elected to the position of State attorney, running unopposed in 1980. I note your law degree from Harvard Law School and your positions as staff director for the House Judiciary Committee of Florida; administrative assistant, State attorney for Dade County; your service on the Governor's Council for the Prosecution of Organized Crime, of which you were the president; and your participation with the American Bar Association Institute of Judicial Administration's Juvenile Justice Standards Commission from 1973 to 1976.

Ms. Reno, we are focussing on the problems of juveniles and drugs, but I would be very interested in your views not only on that subject, but generally on the problems of violent crime, problems of criminal repeaters, problems of the importation of drugs, from the vantage point you have, which is a very unique one.

STATEMENT OF HON. JANET RENO, STATE ATTORNEY, 11th JUDICIAL CIRCUIT, DADE COUNTY, FLA.

Ms. RENO. Thank you, Senator. My mother said nobody ran because nobody wanted the job at that particular time.

I have had an opportunity to review Senate bills 1688, 1689 and 1690 that you have introduced, and I would like to direct my comments to those first.

Senator SPECTER. Thank you.

Ms. RENO. I think they are excellent bills. Street and violent crime is no longer just a State problem. The career criminal that is created on the streets of New York becomes our career criminal in prison in Florida. America is mobile, it is on the move, and I think the thrust of these bills is excellent for they recognize these facts.

I think they are important also when I look at all the power and force of the Federal Government and the excellence of U.S. attorneys and Federal courts. I wonder, sometimes, why these resources are not committed to really what is the most serious problem in America, violent crime. I know it is the most serious problem in Florida and this morning I come up here and see the Maryland Legislature is beginning its session with crime again the No. 1 issue.

Senate bill 1688 has excellent points, providing for no bail, trial within 60 days and an appellate decision within 60 days. But I caution you, and I know that you know that there is not that much jail space to hold that many people without bond for 60 days or for 180 days. Court time is limited throughout the Federal courts, at least in south Florida. With existing resources it will be difficult to get defendants to trial in 60 days. In terms of appellate decisions, it is hard to get transcripts from court reporters to get the appellate decision done within 60 days.

95-392 O - 82 - 2

The greatest concern I have about 1688 is the discretion it leaves with the Attorney General. There is great discretion now in the U.S. attorney for the Southern District of Florida. He says no, I do not want to prosecute a marijuana case of less than 4,000 pounds; no, I do not want to handle this matter over which I have jurisdiction; no, I do not want to do that matter over which I have jurisdiction.

If you combine discretion with the time it takes to get a decision from the Attorney General through the Federal processes, you will never get a defendant prosecuted within 60 days. Particularly when the bill describes the Attorney General's decision as based on Federal interest or special Federal interest, that is going to be another problem to overcome since too often Federal prosecuters take a limiting view of Federal jurisdiction.

Senator SPECTER. Well, on that subject, what concerns do you have, if any, on the Federal role in dealing with someone who has twice been convicted in the State courts? The bill is drafted in that manner to try to alleviate the problem that many say it is a State matter, and to bring in the Federal Government only on a limited basis, where the States do not act on it, where the Federal authorities decide there is some special interest.

Ms. RENO. I have absolutely no problem with the expanded Federal jurisdiction at all, but I fear, not from someone like you, but with the judiciary and the Federal justice system as it is now, they do not have time to begin to do what they should be doing now under existing law. And I worry that if a bill is passed without real punch in it, people will say "Oh yes, the Federal Government is taking effective action; look at Senate bill 1688." But for the bill to have punch and to make a difference, it is going to have to have the resources behind it.

I really like Senate bill 1689 because I think the problem of prisons is critical in America. Again, the Attorney General has the ultimate authority. In some staff reports it is indicated that some 300 spaces will soon be available at the maximum security Federal institution in Atlanta. But I already have at least 22 of those Mariel refugees from Atlanta in the Dade County jail, and there are a total of 200 Mariel refugees out of about 1,200 inmates in the main Dade County jail now. Norman Carlson has called them some of the most antisocial people he has seen. Our jailers say they have never had to deal with people like this.

A Federal court order limits the population of that jail, and yet the detention of these refugees is a Federal responsibility that the Government is not meeting. I consider these refugees to be Federal prisoners in our jail that the State has to prosecute. They should be in Federal institutions yet, the U.S. attorney for the southern district of Florida would not begin to have the resources to prosecute.

That leads me to what I think in terms of the master plan that you talked about in the introduction of this hearing. It seems to me that we have an increase in violence now that will probably continue for the rest of this century. Unlike 50 or 100 years ago, we have increased life expectancies. We also have very serious crimes in urban areas that we did not know 100 years ago. A criminal could

go out and get lost in the frontier if he wanted to before, but it is rather difficult to get lost now and stop committing crimes.

I think the Federal Government should earnestly research the development of regional prisons to house people, such as the recidinist you address by these bills. If we combine the efforts and resources of 50 States and the Federal Government to set up 12 or 15 regional prisons for serious career criminals and other dangerous criminals who deserve to be there most of their lives, it would seem to me the most effective way to spend our money and provide prison space.

Senator SPECTER. How big should those institutions be, in your judgment?

Ms. RENO. At the rate we are going in south Florida, they would have to be big. My mother says I have a few thousand well chosen words about anything, but prison construction and prison standards, I do not know that much about.

Senator SPECTER. I ask the question because the current thinking is that prisons ought to be small, as opposed to the institutions which house 2,000, which were in vogue in the past.

Ms. RENO. I do not think there is any doubt that a smaller prison is a more manageable prison. I do not know where you balance cost effectiveness with security, and I would defer to other people. But, I think that a regionalization of prisons and an assumption of some of the responsibilities for imprisoning career criminals by the Federal Government is important.

I do not think that people realize what impact these life sentences—increased life expectancies—will have on the prison population of this country if violence continues to increase as it has.

I like Senate bill 1690, but I have some reservations. As a State and local official, I bristle at the Federal Government saying you can't get that money if you do not do such and such.

Under the concept as proposed, I think it operates at too late a point in a persons life. I would rather see the bill provide that no Federal moneys should be distributed to any State until the schools of that State provide all students with a marketable job skill and basic literacy. Why wait until prison? Or if you cannot do that——

Senator SPECTER. I did not understand. You say it is too late in terms of the sequence of the individual?

Ms. RENO. Right. It is going to be very difficult to give a career criminal or a habitual offender or somebody in State prison marketable job skills in the milieu of a State prison.

Senator SPECTER. So your point is that that requirement ought to apply to the States——

Ms. RENO. At the point of schools. You do not get any Federal money unless you provide for basic education. I am carrying it to an extreme, but the second point is if you cannot do that, you could fall back a step and say that no juvenile court will release a child from supervision, once under their supervision, until they have a marketable skill and basic literacy.

But again, I come to my point. Before we start saying that the Federal Government has the right to withhold money because of State inaction, the Federal Government, at least in south Florida, should assume its own responsibilities. Since May of 1980 Dade County has absorbed 125,000 people from the Caribbean Basin.

Many of them are diseased and ill. Castro dumped the dregs of his prisons and mental hospitals into our midst. Our hospitals, schools, social services, and law enforcement agencies are stretched to the breaking point. We consider it clearly a Federal problem, but the taxpayers of Dade County for the most part are bearing the burden.

I went to the State legislature last year; I am back this year, asking for more money because we have had an increase in the arrest rate and, of course, the crime rate. The legislatures say, "We are sympathetic with you, but look at the Federal budget cuts. We are having to assume them and there is no way we can do it and increase the budget for law enforcement."

Before we start expanding Federal jurisdiction, I respectfully urge that the resources have got to be there to make that jurisdiction make sense and before expanding the Federal jurisdiction the Government should have the resources to effectively meet its present responsibilities.

Senator SPECTER. How big is your staff?

Ms. RENO. My staff now consists of about 140 lawyers. 30,000 felony arrests are estimated for this year.

Senator SPECTER. Do you have your own detective staff for investigative purposes?

Ms. RENO. We have 16 investigators, a very small staff that is basically used for finding witnesses at the last moment in the investigation of sophisticated, complex cases.

Senator SPECTER. Are process servers handled out of some office other than yours?

Ms. RENO. Yes, the Metro Dade Police Department, which is the equivalent of the sheriff's office.

I have always been impressed with your efforts in the area of juvenile justice because I think we would all agree, as you mentioned earlier, that most career criminals can be identified as such when they are juveniles. And I think again it is an example of where we wait until it is too late.

When Eddie, a fictional character, is 10 he steals a watch at school; he is sent to the principal; nothing is done. No punishment, no treatment, no diagnosis. When he is 11 he steals hubcaps on the streets. The police take him home to mother because he is too little to be taken to the juvenile justice center. And she says he will never do it again. No followup.

When he is 12 he steals electric typewriters from a high school. This time he is suspended for 3 days and that bothers him less because he likes school less. When he is 13 he breaks into a store.

By that time, he is a career criminal, a four-time offender. And he is taken to the juvenile justice center and they have absolutely no record of the prior offenses because the police did not report the little tike that stole the hubcaps and the schools did not report him because of the Federal Privacy Act. The juvenile center says "Young man, this is the first time we have seen you here. We are going to put you on probation."

The next time, he breaks into a home and he is taken to the state training school in Okeechobee, Fla., which is in the "boondocks" and has no relevance to a kid growing up in an urban area. He is there for an average of 4 months. Nothing is done to change

his behavior. There is no punishment. There is no treatment. And he continues on and on until he becomes the career criminal that you will be dealing with in S. 1688. We ought to deal with him up front before he becomes the career criminal.

My chief assistant just returned from Portland, Oreg. and San Jose, Calif. We have been trying to institute an early intervention program that would reach Eddie when he is ten. A team, I hope, would be formed composed of police operating out of a neighborhood service concept, counselors who operate out of the school rather than some distant center, and teachers who together would be involved in trying to develop a plan that would involve home visits. I would hope parent counseling would be involved because I think this is one of the keys. There would be a plan developed to help Eddie get straightened out with a followup to see that Eddie got the benefit of that plan.

I think it then becomes important that we develop guidelines for sentencing and publish guidelines to let kids know that if they get into further trouble they face a more certain punishment.

I would like to address the issue of drugs because we talk about the impact of drugs on juvenile crime. I think drugs are simply a symptom of the problems kids face growing up, and we give kids very, very little support. Government has become the parent to those many who have abdicated. Government has become the weak support for the single parent family who lives in a public housing project and is trying to raise four kids. Every time she gets a raise and thinks she can get her kids out of the projects, her food stamp allocation is cut and she cannnot see the light at the end of the tunnel.

You can see families like this again and again and again. I think it critical that we address those problems up front and early on in that childs life. Before that kid is 12 years old and in the seventh grade and has a negative self-image and feels depressed and wants to start taking drugs, I think we can do a lot to stem the drug problem by early intervention.

In terms of the master plan that you describe, I would ask you to consider the following. The state should concentrate on juvenile crime; on a combination of juvenile counseling and education; on improving the elementary schools, reducing class size, and improving teacher quality; and concentrate on those crimes that are basically State and local in original and nature. The Federal Government should give a long-standing commitment to the prosecution of crimes involving Federal problems such as drug smuggling—a tremendous amount of our resources to into trafficking cases, and trafficking in Miami means from only one place: out of the country—clearly a Federal problem.

The Federal Government should prosecute the cases involving aliens of any kind who are here at the grace of the Federal Government, and cases involving career criminals who are basically a Federal problem in terms of their mobile, interstate nature.

Federal grants don't help that much. We have developed an excellent juvenile restitutic.. program through our office under a Federal grant. Yet we could not get the State to take it over when the Federal moneys ran out because the State was faced with Federal budget cuts that it was having to absorb.

Federal grants do not help us plan what we can do over a long period of time. We do not know when, where, and how they are coming and when, where and how they are leaving. If we could develop the division of labor between State and Federal Government I described above, it would seem to me to make sense.

But the larger issue is both a State and Federal commitment to crime. The amount spent by Federal, State, and local governments on law enforcement and courts and prosecutors is tiny compared to the total magnitude of Government spending. You know better than most anybody in this room the tremendous burdens that prosecutors have accumulated over the last 25 years.

In south Florida, the issue is a matter of national security. Our borders are presently not secure. Anyone can come into south Florida in a small plane or small boat. Homestead Air Force Base says yes, we see them. They are flying low and slow and we know they are dopers. Well, anybody that wants to fly low and slow under that theory could convey whatever terror and problems and violence that they wanted to, to our shores.

I think the Federal Government has got to face the problem of national defense in terms of the Caribbean Basin, and both State and Federal Government have got to face up to the fact that most American people consider crime the No. 1 problem. Domestic tranquility is as important as national defense. If we can send AWACS to Saudi Arabia, we ought to be able to send an AWAC to the Caribbean, and more importantly, we ought to make our streets secure.

Senator SPECTER. Here, here.

What would you suggest that the Federal Government should do on those planes that fly low and slow?

Ms. RENO. The amendment to the Posse Comitatus Act is going to help that. I understand that Homestead Air Force Base will now be able to use its more sophisticated radar, and that it ought to be able to communicate to nonmilitary agencies the detection of these planes.

We have had a variety of meetings with the Coast Guard and with other agencies. The Coast Guard gives us figures in the millions about what it is going to cost to patrol the Caribbean, to intercept the low and slow planes crossing our borders.

What is wrong with transferring Navy vessels to the Coast Guard? There are tremendous resources in national defense. I fly over the naval base at Jacksonville and I see all the military might there. I then hear from Federal officials in south Florida how their hands are tied because of lack of resources. That does not make any sense to us in south Florida.

Senator SPECTER. What would the naval vessels do?

Ms. RENO. Patrol the passage between the Dominican Republic and Cuba, and Cuba and the Yucatan Channel. I am not the world's great naval expert, but those two points have been traditionally explained to me as being key points which with sophisticated radar you could——

Senator SPECTER. Dominican Republic and Cuba and where else?

Ms. RENO. And the Yucatan passage between Cuba and the Yucatan Peninsula. With a sophisticated radar and the use of planes from Homestead, you could monitor those checkpoints. With a so-

phisticated intelligence system operating out of Colombia, you could tell who was coming out and you could intercept them, if you put your resources there.

Senator SPECTER. What is the legal issue, if you know, as to interception?

Ms. RENO. The legal issue has always been that the Navy and the Air Force, as I understand it, with some variation locally, depending on who wanted to get involved, concluded that the Posse Comitatus Act prohibited them from even getting involved in surveillance or tracking, much less apprehension. I have not seen the measure as it was passed, but I understand it has been amended at least to permit the military's tracking facilities and radar facilities to be used, so that the military can at least say to law enforcement agencies, "here he comes."

But that is meaningless if he comes here and there is nobody here to get him.

Senator SPECTER. As to apprehension, would that be legal to stop, stop and frisk perhaps an airplane?

Ms. RENO. They are stopping and frisking some as they come in now. If a plane does not file a flight plan, which most of the dopers do not, if they come into this country from out of the country and do not report to Customs, clearly the Federal Government has authority. If it does not, then something is terribly wrong, Senator.

I recently spoke to a group known as the Federal Executive Board, composed of one representative from each of the Federal agencies in south Florida. There were representatives of the FAA there. I said that I thought I could fly a small plane to the Southern Bahamas, take off, not file a flight plan, not report to Customs, and fly over south Miami Avenue and Flagler Street, the main intersection in Miami, and drop a balloon saying "This could have been an A-bomb" and then land. I could do it five times in 1 week and nobody would stop me.

Senator SPECTER. Are you serious that you think an AWAC might be useful there?

Ms. RENO. As I said, an AWAC-type facility. Again, it is mindboggling to us that people can come to our shores as easily as they do without any interception. I do not propose to be a military expert, but I have spoken to too many Federal and local officials now that say yes, what you are saying makes sense.

Senator SPECTER. Well, we shall pursue that. We shall pursue that.

Back to the juveniles. I understand from some discussions which members of my staff have had with you that you have some specific ideas as to detection and identification of juveniles entering the crime cycle. Would you share those with us, please?

Ms. RENO. We have tried to involve the public school system more and more because part of the problem in State and local government is we fragment ourselves as we try to deal with kids. The school system passes them on to the juvenile justice system; the juvenile justice system passes them on to the criminal justice system.

We have monthly meetings now of police, school officials, and myself at the highest levels to chart the course, and one of our prime efforts is this early intervention program.

I conceive of it as oriented around a high school feeder pattern, but with emphasis on the early years, particularly the elementary school. When a kid first shows signs of problems, and yesterday I spoke to 96 elementary school counselors. They confirmed, and most of them had been counselors for at least 5 years, that they have watched the progress of some of their kids, and they could tell in the third and fourth grade when a child was 8 and 9 years old, that they were headed for trouble. They could almost mark your career criminal at that age.

Senator SPECTER. How could they tell?

Ms. RENO. The kids were acting up in class, not paying attention, losing interest, falling behind. Counselors would try to cut through the school bureaucracy to get them into learning disabled programs and be unable to do it. The kid would then just sit in the back and stare out into space. He would attempt to attract attention by causing trouble. Then he got into petty pilfering and things like that.

Senator SPECTER. And they have observed those youngsters down the road and see that they have developed into problem cases?

Ms. RENO. Exactly. What should be done there, though, is an immediate effort to involve the family. Most parents desparately want to do what is right, and they are just absolutely overwhelmed, particularly in urban areas, the problems of how to live. They want to do what is right by their kids. But they need help and they need support.

Dr. Britain, our school superintendent, has made a commitment to try to cut through some of this bureaucracy to really get these kids early on into learning disabled programs if that is a factor.

One of the features that we have tried to institute because our office has pursued housing code enforcement violations vigorously is if we find substandard housing, or housing that is not up to code involved with one of these potential or already existing delinquents, we try to direct code authorities in that direction so that Government can make all its best efforts.

The problem of child support is a problem. My office is responsible for the enforcement of the Uniform Reciprocal Child Support Act. Again, the Federal effort in this area has been excellent, but we have got to pursue that in terms of local collection of child support, to provide some balance in the family.

As we operate through high school feeder patterns with the elementary schools feeding to the junior high and then to the senior high, it becomes important that there is continuity. And I would like to see counselors assigned to a kid that he can know and come to trust during his whole course through the public school system. Now he leaves elementary school and he figures he will not have to be bothered with old Miss Smith any more and he gets into junior high school and starts cutting up. Then before you know it he is into senior high school and there is nobody that can help him and provide support throughout.

At the same time, I think it is absolutely critical that we do not label kids. I could see a harsh and ineffective counselor telling a kid when he was in the fourth grade at 9 years old, kid, you are a delinquent and we are going to do something about it. If you are

told you are a delinquent under those firm terms, you might begin to believe it.

So the effort is going to have to be spoken of in terms of support and assistance, rather than punishment initially.

Senator SPECTER. Well, those ideas are very helpful, Ms. Reno. We very much appreciate your coming here from Florida. It is a long trip. I know you have already talked to Mr. Mills and Mr. Michel, and we would like to take more of your time after the hearing ends today to talk to you on an informal basis. But what you have given us for the record is enormously helpful and we thank you very much.

[The prepared statement of Ms. Reno follows:]

95-392 O - 82 - 3

PREPARED STATEMENT OF JANET RENO

Thank you for the opportunity to appear today. I support the concept and thrust of Senate Bill 1688. The more forces that can be brought to bear on career criminals the better. Street and violent crime is no longer a local or State problem. This is a mobile nation. Its people are on the move.

I must share these concerns with you, however.

1. The United States Attorney in the Southern District of Florida is not staffed to even begin to handle the smuggling cases that I and my five colleagues see in South Florida. Before we give him more duties and expand his jurisdiction, I think we should make sure that the office has sufficient resources to do the job that it is presently authorized to do.

In addition, South Florida is plagued by problems created by an influx of refugees from the Caribbean. Most of these people are fine, law-abiding people. A small portion of these refugees are the worst of the criminal element. Jailers describe them as among the most anti-social group of offenders they have seen. There is no doubt that Castro dumped the dregs of his society from his mental hospitals and his prisons in our midst. Our hospitals, schools, social services and law enforcement resources are strained to the breaking point. Before additional responsibilities are assumed at the Federal level, we hope the Federal Government will fulfill its commitment in the area of refugee services.

OFFICE OF STATE ATTORNEY

JANET RENO
STATE ATTORNEY

INTEROFFICE MEMORANDUM

201.01-22C

TO: JANET RENO

DATE: JANUARY 19, 1982

FROM: TOM PETERSEN

FILE OR CASE NO.:

SUBJECT OR CHG.: EARLY INTERVENTION PROGRAM

The purpose of this memo is to summarize the results of my trip to Portland, Oregon, and San Jose, California, and my visits to the Early Intervention Programs which exist there. During my visit to the Portland Program, I was accompanied by Paul Bell and Sonny Gross of the Dade County School System. Mr. Bell and Mr. Gross returned to Miami after the Portland visit and did not proceed to San Jose.

I. PORTLAND, OREGON

Our visit to Portland took place on Wednesday and Thursday, January 13 and 14. During the visit we were accompanied the entire time by Ms. Patricia Hoffman who is the Director of the Project CARE, which is the acronym for the Portland Program. Ms. Hoffman holds a Masters Degree in Social Work and has directed the Portland Program since its inception five years ago. The Portland Program is presently operational in three junior high schools in Portland. It should be noted at this point that both Ms. Hoffman and everyone else to whom we spoke felt that a program such as those existing in Portland and San Jose may be implemented with equal facility in either a high school, a junior high school or an elementary school. As indicated, the Portland Program operates at a junior high school level and as will be indicated below, the San Jose Program operates in a high school, but the concept is applicable to any school level, and given the thrust of our Early Intervention discussions to date, our focus will probably be at the higher elementary school level rather than the junior high school level. The Portland Program, as is also the case in San Jose, integrates two principle concepts which, while operating independently of each other, constitute Project CARE. These two concepts are (1) an Interagency Team meeting regularly to discuss identified students and (2) a tutoring component which is made available to these same students.

(1) The Interagency Team meets in each of the three junior high schools at least once per month. The purpose of the meetings is to discuss the individual cases which have been identified by classroom teachers. Once the students have been identified as presenting either discipline or learning problems, or a combination of the two, the nominated students are submitted to a committee of school teachers and administrators and, assuming approval of the nominee for Project CARE, the student is then referred to the Project CARE Facilitator, one of whom functions in each of the three junior high schools. (Previously, the three Facilitators were the only paid employees of Project CARE other than Ms. Hoffman. They are presently being paid for by the three individual junior high schools. Termination of Federal Funding necessitated a decision by the school system to pick up these positions, which has been done and which is indicative of the fact that the project is well thought of by the school system). The Facilitator chairs the meeting of the Interagency group and prepares a summary of the student's case and problems after having made a home visit and after having gathered all relevant information pertaining to that child. This gathering of information is greatly facilitated by a Release of Information Form which has been developed by Ms. Hoffman and which permits a parent to waive confidentiality of information for all agencies on one single form. The Inter-Agency Council regularly consists of one representative from the Juvenile Court Probation Department, a representative from what is the Portland equivalent of our Juvenile Court Intake Section, one representative of the Portland Child Welfare Department, which is the equivalent of our Dade County Department of Youth and Family Development, one representative of the Portland equivalent of HRS Family Social Services, a school representative, and representatives of any other agencies that might actually or potentially be involved in the individual student's case. While the Facilitator convenes and chairs the Interagency meetings, a decision is made at the meeting as to which member of the Interagency group will be responsible for overseeing the handling of this particular case. That individual is generally the agency representative who is already most involved with the case. A discussion is held of what the objectives are to be in the particular case and the case is then reviewed at each monthly meeting. After the meeting, the Facilitator is responsible for preparing the minutes which specifically summarize what the objective is going to be for each child and what is to be accomplished prior to the next meeting. It would appear that this written summary is an extremely valuable device, since it provides accountability for the actions to be taken in a particular case.

While in Portland, we sat in on an Interagency Team meeting, and all three of us were impressed with the concept. One observation that each of us made was that such a concept depends to a great extent upon the leadership abilities of the person in charge of the overall program. It is incumbent upon this person to assure that the Interagency meetings are held regularly and that all of the appropriate agency representatives are present. It is interesting to note that Ms. Hoffman had had surgery and had not been available to the program since last October. As a result, in one of three junior high schools no meeting had been held during that period. The Facilitator in that high school was apologetic and explained his failure to convene a meeting by pointing to the other responsibilities which he had in the school, since he no longer worked exclusively for Project CARE.

(2) The tutoring component is made available to Project CARE participants once they have been identified and referred to the Interagency Council. Over the five years that the program has been in operation. The tutoring has been performed in several ways, the principal ones being peer tutoring in which other, usually older, students perform tutoring for younger children with the incentive to the older student being that they receive school credit for performing the tutoring for a specified number of hours per week. The other method in which tutoring is presently taking place in Portland is by means of a senior citizens group which comes into the school for a specified number of hours per day. Mr. Bell and Mr. Gross feel that present methods of providing tutoring in Dade County, such as by means of using volunteers as is being presently done with apparent success in the Coral Gables High School, could readily be used in the Early Intervention Program which is to be put in place here. Incidentally, Mr. Bell and Mr. Gross both felt that many of the components in the Portland Program either already exist in some form or could easily be created in our school system so that the implementation of the Portland Program here could take place quite rapidly and quite easily. There was some discussion by Mr. Gross and Mr. Bell of hiring Ms. Hoffman, who indicated a willingness to relocate in Florida where she had lived before moving to Portland.

II. SAN JOSE, CALIFORNIA

After leaving Portland, Mr. Bell and Mr. Gross returned to Miami and I proceeded to San Jose, California, where I visited the Yerba Buena High School on Friday, January 15 with Mr. Jerry Mullins, who is the head counselor in that high school. The high school has four thousand students and Mr. Mullins supervises eight other school counselors.

The Yerba Buena Program began approximately seven years ago and was apparently dependent upon federal funding which no longer exists. The Yerba Buena concept is considerably more ambitious than the Portland concept in that Mr. Mullins' intention was not merely to identify and service individual students, but rather to implement a new method and philosophy of social service delivery to neighborhoods and their residents. In its simplest form, the concept would seek to replace centralized social service delivery with a decentralized system based in neighborhood high schools. In its ideal form, representatives of the various social service delivery agencies would be present in the school on a regular basis, ideally five days a week, and when the Yerba Buena Program was fully operational this presence of agency representatives in the school was coupled with a 24-hour hot line which permitted a neighborhood resident experiencing a problem to call the hot line. One of the agency representatives who was on duty that particular night would then respond to the call in much the same way that our Assistants respond to homicide calls at night. This concept is obviously more ambitious than the Portland Program since it requires, in contrast to a monthly meeting by agency respresentatives in the school, a constant presence of those representatives in the school. Mr. Mullins was able to achieve this when federal funding financed the extra positions that where created for that purpose. They have not been able to receive the

cooperation of the agencies for this purpose since funding ended.

It is my feeling that the level of commitment at this point in time in Miami is such that we are in a position to receive more of a commitment from the cooperating agencies than presently is needed in Portland, although probably less of a commitment than envisioned by Mr. Mullins in the ideal form of his program. It might, for example, be possible for us to initially elicit a commitment from the agencies to have a representative in the school one day per week. The presence of the agency representative on that day would be advertised within the school to both teachers and students as well as in the neighborhood, and this might be attempted on a trial basis for a particular length of time. This would also permit the Interagency meetings to be initially held on a weekly or bi-weekly basis since the representatives would be present in the school anyway.

As in Portland, the second component of the program involved tutoring of participating students. In San Jose, however, the tutoring is done by the Yerba Buena High School students and is made available to elementary and junior high school students in the Yerba Buena feeder pattern who are bused from their own school to the high school where they receive tutoring for a specified number of hours per week. It is obvious that in this model the program participants are not the exclusive recipients of the tutoring and in that sense the tutoring is seperate from the program. This is indicative of the obvious point that Mr. Mullins' Yerba Buena concept was really not an Early Intervention Program in the sense that its objective was never, to identify individual students and to create an Interagency service Team and delivery and tutoring system for those students, but rather to develop a school based social service delivery system for all the students in a particular school as well as their families and residents of the neighborhood that have no students in

III. CONCLUSION

I was impressed with both Portland and San Jose, and particularly with the fact that the two concepts may be combined and that there appears to be a great deal of flexibility in both concepts with respect to how the Interagency Team worked and what its objectives are, as well as how the tutoring component functions. Depending on the amount of commitment we can obtain from the various agencies and what is already available in our school system, it would appear that we can rapidly develop an Early Intervention Program based on these two models.

What is particularly gratifying is that Mr. Gross and Mr. Bell were quite impressed with Portland and are willing to proceed immediately to implementing a program. Due to the fact that I will be in Grand Jury all day today and due to the fact that Mr. Gross will be at a School Board meeting all day tomorrow, it is not possible for us to meet this week since I will be out-of-town until Monday. We have set a meeting for late Tuesday afternoon at which time we will begin to discuss specific implementation of our own program. Mr. Gross stated that it is his intention to have the program operational by late February.

Once Mr. Gross and I have met, I will convene a meeting of the representatives of the various heads of the principal agencies which would be expected to participate in this program. This meeting would obviously include Max Rothman, Jim Mooney of Dade County Youth and Family Development, Mr. Gross and myself, and a representative of the Metro-Dade Police Department and the City of Miami Police Department. I would propose to hold that meeting the first week in February.

Mr. Gross and I also plan to brief Dr. Britain's Interagency Committee at the next Thursday meeting which is to be held the second week in February, and at that time hope to show a film of the Portland Program which is being provided to us.

Senator SPECTER. I would now like to call Mr. Jack Durrell, Deputy Director of the Natonal Institute on Drug Abuse, and Mr. Thomas Paukin, Director of ACTION, and Ms. Connie Horner, Deputy Assistant Director of Policy and Planning for ACTION.

We very much appreciate your joining us today. Mr. Durrell is presently the Acting Director of the National Institute on Drug Abuse. Mr. Paukin is the Director of ACTION and is actively involved with drug programs there, as is Ms. Connie Horner who is the Deputy Assistant Director of Policy and Planning for ACTION.

Mr. Durrell, may I call on you first to give us your thinking on what is the best way to deal with the drug problem with juveniles?

STATEMENT OF JACK DURELL, DEPUTY DIRECTOR, NATIONAL INSTITUTE ON DRUG ABUSE, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Dr. DURELL. Thank you, Senator.

If I may, I would like to take this opportunity to summarize some of the information we have about the prevention of drug abuse by juveniles, and not read my formal testimony but just summarize some of the highlights.

Senator SPECTER. We would appreciate that. That is our practice and your formal testimony will be made a part of the record.

Dr. DURELL. Thank you.

The points I wish to make are really few and rather straightforward. First of all, I would like to indicate that the primary mandate of the National Institute on Drug Abuse is to be concerned with drug abuse as a public health problem. And indeed, our level of concern about that is enormous, and particularly as drug abuse affects the juvenile population.

The trends toward increased use of licit and illicit drugs in a nonmedical way by youth have been markedly up over the past two decades, perhaps peaking in 1978, where indeed one could be concerned that perhaps 10 percent of our youthful population were using drugs at a level that posed a real serious danger to their health and development.

I say there was a peak in 1978 because there is early evidence that this trend has begun to reverse; 1979, 1980 and in soon to be released figures, in 1981, there has been a dramatic change in what was formerly a relentless upward progression. There is beginning evidence of a decrease in drugs.

We believe that is in part due to the early successes of prevention programs. We believe, in fact, though prevention and drug abuse prevention is a relatively new area and has not been studied and developed to the point where it has the reliability of certain approaches in drug abuse treatment, there is nevertheless evidence that prevention programs work.

Senator SPECTER. What kind of prevention programs specifically, Dr. Durell?

Dr. DURELL. The prevention programs that work are not like a vaccination in which you simply take a child aside and can do something with the child that will prevent him from engaging in drug abuse. The programs that work——

Senator SPECTER. Has there been any effort made to find a vaccine?

Dr. DURELL. Well, we are working on it.

Senator SPECTER. Are you really?

Dr. DURELL. Yes. There are serious concerns with understanding the basic underlying physiology of psychotropic drugs, understanding the receptors that they work with. Efforts are being made to understand whether there are certain receptor deficiencies in certain people which make them more prone to get into the use of psychotropic substances.

If such metabolic deficiencies could be found, they could perhaps be corrected.

Senator SPECTER. Well in your experience, you find someone who is taking drugs. What is the earliest age you know about where a child is taking drugs?

Dr. DURELL. Well, certainly it is a problem that begins to achieve significance at perhaps 10, 11, 12 years of age.

Senator SPECTER. What is the earliest that you know of?

Dr. DURELL. I have heard of cases at 8 or 9 years.

Senator SPECTER. You have read about some at 8?

Mr. DURELL. Right. But we certainly know from the data that many children who are into heavy drugs by the age of 16 or 17 have started as early as 10 or 11.

Senator SPECTER. What is the best step that you can suggest to take to help a youngster who is smoking pot at 8 or 9?

Dr. DURELL. You are raising a difficult question. I think the first step that a parent can take is indeed to begin to talk with a youngster about what is going on. Then if it is something that does not respond and the child is heavily involved at that age, clearly professional advice is necessary.

Senator SPECTER. And what professional advice would you look for? Psychiatric care? Psychological counseling or what?

Dr. DURELL. I would not immediately go for psychiatric care. I would bring it up with the family physician. I would deal with the school.

Senator SPECTER. What would the school be expected to do?

Dr. DURELL. I would like to make one point about primary prevention. When we talk about prevention, we are generally talking about instituting programs that take effect before the child is using drugs. We are talking about instituting programs which make drugs less attractive to children, which take the glamor out of taking drugs, which try to uncover the subtle sociopsychological forces that lead children to start taking drugs.

Senator SPECTER. You are talking about educational programs?

Dr. DURELL. We are talking about educational programs and——

Senator SPECTER. At what stage do you start those?

Dr. DURELL. There is evidence that there is no age too early, and there are educational programs that start as soon as first grade.

Senator SPECTER. First grade. And does your national institute have such programs which you send to schools to recommend that they use?

Dr. DURELL. No, we have not identified any single program as effective. There are a number of programs that have been developed by various institutions and educators throughout the country, and

we recommend programs to schools, depending upon their own interest and willingness to use——

Senator SPECTER. Is there any systematic effort at the present time, to your knowledge, to make available to all first grades everywhere some specific educational program?

Dr. DURELL. No. That depends entirely on local jurisdictions as to what they——

Senator SPECTER. Well, what they do is up to them, but is there any effort that you know of, federally or otherwise, which says here is a program in 15 pages that you could put into effect?

Dr. DURELL. Yes, there are a number of such programs. There are Federal programs coming out of the Communicable Disease Center of the Public Health Service. There are private programs coming out of foundations like Know Your Body.

Senator SPECTER. But is there any effort made to make these known to all the boards of education on a nationwide basis, saying here is a program, it would be advisable to make this information available to your first graders?

Dr. DURELL. The Department of Education has developed certain programs, attempting to get through to schools of the country. Our particular approach has been working with State governments, and we have established a State prevention coordinator in each State of the Union, one of whose responsibilities is to interact with educational authorities around what they might do to institute programs in schools.

Senator SPECTER. What percentage of the NIDA budget is now allocated for drug abuse prevention among youth?

Dr. DURELL. The budget is in transition, so that it is difficult to answer this question in terms of the here and now.

Senator SPECTER. How about the budget that is not in transition, fiscal 1981?

Dr. DURELL. Fiscal year 1981, the resources for prevention were approximately $16 million, which represented about 6 percent of the overall.

Senator SPECTER. And what does 1982 look like?

Dr. DURELL. 1982 budget is primarily a research budget, and specific allocation of resources to prevention have been moved into the block grant, so that in the block grant about 20 percent of the funds are designated for drug abuse prevention.

Senator SPECTER. But that is up to the block grantee as to what is done?

Dr. DURELL. Exactly.

[The prepared statement of Mr. Durell follows:]

PREPARED STATEMENT OF JACK DURELL

Mr. Chairman, I am pleased to be here today and welcome the opportunity to discuss the problem of drug abuse among our country's youth. We all share the important responsibility of doing what we can to prevent the tragedies that accompany drug abuse.

The current Administration recognizes drug abuse as one of the Nation's ongoing major health and social problems. For this reason, there exists in the White House a special focal point for drug abuse matters. As you know, no other categorical health or social problem is so represented at this level. The need for such representation arises out of the fact that drug abuse differs from most other problems in several significant respects. One is the rapidity of changes in drug abuse patterns in the last two decades; before 1960 only 1 or 2% of youth might ever have tried an illicit drug. Now about two-thirds of our youth have tried an illicit drug at some time before graduating from high school. Secondly, an illicit, profit-making network exists in this country and worldwide, which actively spreads and tends to maintain the drug abuse problem. The National Institute on Drug Abuse (NIDA), which I represent today, plays a key role in fulfilling the goals of the Federal Government's drug abuse prevention strategy. Our principal aim is to bring about a reduction in the use and abuse of drugs and in their health and economic costs.

Mr. Chairman, before I share with you some of what we have learned about drug abuse prevention, I would like to discuss the scope of the drug abuse problem among young people in our country today. NIDA has two principal sources of information about the incidence and prevalence of drug use by young people. These are our annual National Survey of High School Seniors and our biennial National Household Survey on Drug Abuse. The National Survey of High School Seniors, conducted by the University of Michigan's Institute for Social Research, has studied a large sample of high school seniors each year since 1975. In 1981, over 16,000 seniors in 107 public and 20 private high schools throughout the country participated in the research. The other NIDA-funded study is the National Household Survey on Drug Abuse conducted by the George Washington University. This biennial assessment has been funded since 1971. The 1979

95-392 O - 82 - 4

results are based on 7,224 face-to-face interviews, including 2,165 youth, 12 to 17 years old. These national data bases are extremely useful because of their continuity, consistency with other local surveys, and the trends they reveal. Moreover, they probably yield conservative estimates of incidence and prevalence of drug use and abuse because they do not survey the subpopulation of youth that probably have the highest levels of drug use--those who have left home and school.

Among the most important findings about youth based on the 1979 and 1980 High School Senior survey and the 1979 National Household Drug Abuse Survey are these:

- About two out of every three seniors (65 percent) report illicit drug use at some time in their lives.
- About four in every ten seniors (39 percent) report using an illicit drug other than marijuana at some time.
- Marijuana is by far the most widely used illicit drug among high school seniors, with 60 percent reporting some use in their lifetime, 49 percent reporting some use in the past year, and 34 percent reporting use in the past month.
- Over seven million young people between the ages of 12 and 17 say they have tried marijuana at least once. This figure represents 31 percent of this age group.
- Of particular concern is the fact that 31 percent of high school seniors report that their initial experiences with marijuana occurred prior to high school primarily in the 7th, 8th and 9th grades, presumably between the ages of 12 and 14.
- Among 1980 high school seniors, the most widely used class of illicit drugs, other than marijuana, was stimulants. Next came inhalants, cocaine, and hallucinogens. These were followed by sedatives and tranquilizers.

Mr. Chairman, these statistics are of great concern to us. They portray a serious problem--extensive drug use by teenagers--a problem which did not exist in this country three decades ago. In the view of our most experienced researchers, we now have the highest level of drug use among young people of any developed country in the world. We are concerned because our most recent estimates of the annual national cost of drug abuse are very high--by some estimates, close to or above $100 billion.

Given this alarming level of use and this enormous cost to society, I am pleased to say that our preliminary figures from the 1981 High School Senior Survey show for the third consecutive year a significant drop in marijuana use. This drop appears to be part of an overall decrease in drug use, though there is evidence of some increase in the usage of several other drugs.

It should be noted that daily alcohol use remains level for high school seniors, but that in 1980, 41 percent of this group reported that on at least one occasion during the prior two-week interval they had five or more drinks in a row.

Although we find the data about a decrease in marijuana use to be encouraging, we have a long way to go in preventing widespread drug use among our youth. Even when we describe positive trends in this field, we must keep two points in mind--the historical tendency for many drug use patterns to move up and down, unpredictably; and, that even with current improvement, our drug use levels continue to be extremely high.

APPROACHES TO DRUG ABUSE PREVENTION

Mr. Chairman, I would like to share with you some of what has been learned about drug abuse prevention and what we at the Institute have developed over the last few years. Most important, we have concluded that given the right combination of essential variables, prevention efforts do make a difference. When concerned parents, schools, courts, church leaders, State and local officials, and even businessmen, come together in a joint effort, the chances of a drug abuse prevention effort being successful are very good. There is good reason to believe

that the recent downward trend in high school seniors' marijuana use is related to drug abuse prevention efforts.

Mr. Chairman, with your permission, I would like to describe briefly what NIDA has developed in the way of a drug abuse prevention strategy. Just as we have been concerned with establishing a national treatment and rehabilitation network to treat drug abuse and drug addiction, we also have been actively developing a prevention program. Through our prevention grants, we have established State Prevention Coordinators (SPCs) in all the States and Territories who are prevention experts and who are responsible for developing and coordinating the establishment of State-wide drug abuse prevention programs. State Prevention Coordinators serve as advocates at the State level for prevention programming, and they serve as excellent channels of communication between the Federal Government and the States. The presence of such coordinators assures us that the latest in prevention evaluation research findings can be incorporated into each State's planning process. The SPCs also are resident experts for private citizens and parents who are interested in establishing or improving a drug abuse prevention program. We have found that the leadership of a prevention professional is useful as communities begin to organize their own prevention efforts. Frequently, community groups have all the motivation and dedication and are determined to do all they can to keep their kids away from drugs, but they need help in getting started; and/or they need to have accurate and sensitive materials that they can use when talking amongst themselves and with young people. The State Prevention Coordinator plays an important role in assisting local prevention programs, schools, and concerned parents combat drug abuse.

Another function of the State Prevention Grant Program has been to provide funds to be relayed to communities to support local drug abuse prevention programs. Just as we awarded funds to the States to establish treatment centers, we have begun to provide some of the funds necessary for drug abuse prevention programs. The funds for these activities are now included in the Alcohol, Drug Abuse, and Mental Health (ADM) block grant, and the law requires that 20% of the alcohol and drug funds support prevention activities. Of particular note is that a portion of these funds were used to provide seed money to develop Channel One projects.

I will describe Channel One in more detail in a few moments; let me just say that the tremendous success of this program has been because of the vital collaboration among local youth and adults, government agencies, and private industry. It is important to keep emphasizing the importance of collaboration and cooperation. They are the key elements in any drug abuse prevention success story.

A major component of our drug abuse prevention program at NIDA is knowledge development. Through a series of grants and contracts, we have been able to encourage the development of a number of important new techniques to help prevent drug abuse and have been able to support a number of evaluation studies to determine just which technique proved to be more effective. Over the last several years, drug abuse prevention evaluation methodology has grown to be complex and sophisticated.

I would like to take this opportunity to describe one of the more promising drug abuse prevention strategies under development. It is based on information that has been gathered from the study of successful programs to delay the onset of cigarette smoking by junior high students. Smoking is considered to be a prototypic addiction, and the last few years have seen some real success in lowering the incidence and prevalence of smoking among adolescents. The reasons for this success appear to be related to the combination of providing, in a school setting, educational materials on the effects of smoking and nicotine on the human body, and the identification of the subtle motivations that lead youngsters to the use of psychoactive substances. Programs are then designed to provide a counterforce to those motivational processes. Early evidence shows that even in programs that are exclusively focused on prevention smoking, there is a positive effect on preventing the initiation of drinking and marijuana smoking. This finding is probably related to the "gateway hypothesis" which indicates that youngsters tend to start drug use with beer and wine, progress to cigarettes, and then graduate to hard alcohol and marijuana. We believe that if this progression can be interrupted at an early stage, that illicit drug use can be delayed, if not prevented in a large proportion of youngsters. Although we are strongly committed to the goal of preventing illicit drug use,

any delay is also advantageous, both to society and to the individual. There is good reason to believe that the younger the child when he starts illicit drug use, the more likely he is to become a heavy user and the more likely he is to develop serious negative consequences.

Mr. Chairman, let me continue to discuss the NIDA drug abuse prevention program by briefly describing our technical assistance and technology transfer efforts. There is no doubt that for drug abuse prevention programs to be effective, the citizens of local communities must be interested in and dedicated to an anti-drug environment; they also must be willing to create prevention programs for young people. Through our technical assistance efforts, we try to emphasize the need to couple credible drug information with prevention activities. We do this by bringing experienced experts to local communities to consult with them about their drug abuse prevention efforts. We learned that just providing youngsters with information alone is not enough, particularly if that information is not credible. At least two movements today are successfully combining education materials with prevention activities. Certainly, the Parents' Movement must be applauded for its vigor and dedication to the eradication of drug use among young people. The Channel One programs that have developed all over the country are another example of a successful mobilization of the private sector into a partnership with government.

With your permission, Mr. Chairman, I would like to say a few words about these two approaches and how we at the Federal level have tried to support them. The Parents' Movement consists of over 1,000 groups of parents who have the goal of preventing and eliminating drug use among young people. These are peer groups that have organized themselves without any government support, and they are having a strong influence on drug use among our nation's youth. Perhaps the most concrete example of our efforts to facilitate the growth of the Parents' Movement is our publication of Parents, Peers, and Pot, a book written by a parent who successfully organized the small community of her children's friends' parents to help their children get away from drugs. Parents, Peers, and Pot tells the story of what these parents did when they realized that drug abuse was affecting their children's normal development. It also contains numerous

facts about marijuana and its health consequences. Quite frankly, we think of this publication as our best seller. We cannot keep it in stock; we get weekly requests for thousands of copies. The efforts these parents made have become the guide for hundreds of thousands of parents throughout the country concerned about drug usage by their children.

The Institute has sponsored national and regional meetings that include concerned parents. Our role is not to direct the programs and approaches that are being developed, but to lend technical guidance whenever possible. It is our experience that a firm and knowledgeable parent can do a great deal to prevent drug abuse. These meetings bring together parents to share their experience and give them the opportunity to learn more about drug abuse and its prevention.

The Channel One program is another example of a project that we have assisted through seed money and through our technical assistance efforts. Channel One provides a systematic approach to the development of an effective "alternative" program, i.e., a program whose activities help young people find meaningful roles and experiences in life such that drug abuse becomes unattractice to them and incompatible with their own strivings, growth, and accomplishment. What is so unusual and exciting about the program is that it is a successful replication, on a nation-wide basis, of a drug abuse prevention model that involves a variety of community members and resources. Through Channel One, young people become involved in meaningful community activities in which an anti-drug climate is strongly maintained. NIDA has provided substantial funds for the effort and collaborated actively with State authorities, the Prudential Insurance Company, Metropolitan Life Insurance Company, other businesses, and many dedicated prevention professionals in supporting the development of Channel One sites. Currently, there are over 150 sites in 46 States and Territories with the sponsorship of over 80 private sector organizations, mostly business enterprises. The involvement of a business leader to help enable the planning group to effectively tap the resource pool of the community has been one of the key elements in the program's success. Increasing public awarenss of drug abuse and its negative consequences is another major component of our drug abuse prevention program. Our activities in this area are based on the premise that one of the most effective prevention strategies is to increase the public's awareness of the problem. People have to know that they have a problem in their community or in their

schools before they can organize to do something about it. Even when individuals do decide they want to do something about drug abuse prevention, they need to know where they can turn for help. For the last several years, the Institute has been involved in producing materials that provide a factual and credible discussion about the health consequences of drugs. Our material is targeted both to adults and to children and teenagers. Much of what we have published is for use by parents and teachers.

Along with the production of drug abuse information, the Institute is active in stimulating the public media to promote drug abuse prevention. An example that you may be familiar with is the Drug Fair Drug Abuse Public Awareness Campaign that was targeted at both parents and young people. Drug Fair executives believed that drugstores have a unique responsibility to educate the public about the proper use of drugs, because drugs are their business, and the pharmacist is the drug expert among health care professionals. Under the technical guidance and imprimatur of NIDA, Drug Fair sponsored the development of media materials for distribution in their drug stores, a TV special to introduce the program and a number ofradio spots, as well as conducting a number of outreach efforts in the community.

In a similar vein, NIDA and the National Headquarters of Blue Cross/Blue Shield are working together to critique and enhance a drug abuse education program developed by a local Blue Cross affiliate in Cleveland, Ohio. Blue Cross plans to print over a million copies of a drug abuse booklet and to develop a videotape that can be used nationally. The goal of the project is for Blue Cross Plans acorss the country to adopt this information and integrate it into their local programs. NIDA is providing the technical guidance needed and will help market the program by contacting major parent groups, State and Federal agencies that may be interested in the program's development.

As an example of our trying to increase public awareness, the Department of Health and Human Services, through NIDA, is planning to implement a marijuana public information campaign designed to influence attitudes towards marijuana use. It will attempt to deglamorize marijuana use and encourage nondrug-

taking behavior. As part of the National Drug Abuse Information Program, several national organizations and agencies will be involved in expanding the Institute's information dissemination efforts. These organizations/agencies will serve as intermediaries between NIDA and regional and local organizations.

In addition, NIDA will continue its efforts to ensure that research findings are disseminated. Findings derived from grants and contracts will be disseminated directly to practitioners, program administrators, and the scientific community through a variety of mechanisms.

Mr. Chairman, I have tried today to provide an overview of the drug abuse prevention program that we have developed at the National Institute on Drug Abuse; I also have attempted to describe some of what we have learned about successful drug abuse prevention efforts. I personally find this effort to be both challenging and rewarding and I hope that increasingly more people will come forth with an interest in preventing drug use among our young people. Even with the downward trend we are beginning to achieve, much remains to be done. We are strongly committed to helping parents, community organizations, churches, State and local governments, schools, and the private sector come together in a cooperative effort to prevent drug abuse among our youth, and reverse the trend towards an easy chemical fix of life's problems!

Thank you very much, Mr. Chairman, I would be glad to answer any questions you may have.

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Senator SPECTER. Let us shift to you, Mr. Pauken, if we may. We would be very interested to know what activities ACTION is undertaking on this subject.

STATEMENT OF THOMAS W. PAUKEN, DIRECTOR, ACTION, ACCOMPANIED BY CONNIE HORNER, DEPUTY ASSISTANT DIRECTOR OF POLICY AND PLANNING, ACTION

Mr. PAUKEN. Thank you, Senator. As was mentioned previously, I also have a written statement which is being submitted for the record, and I will not repeat the full testimony contained therein.

Senator SPECTER. Fine. We shall make it a part of the record in full.

Mr. PAUKEN. I was intrigued by both your questions and of course your background as district attorney in Philadelphia, and I am sure the experiences you had in seeing young people coming through the criminal justice system, who in so many instances were involved in drug-related offenses or offenses with some connection to drugs.

I want to give you my background of interest individually which led me to encourage our agency to get involved in this area. Quite frankly ACTION, the Federal agency for voluntarism, has done nothing in the past in the area of drug abuse, has ignored this area in terms of encouraging voluntarism in such a significant and important problem area.

I also am an attorney and in my position as a private attorney in Dallas, I began to see a number of years ago a lot of young people come into my office, who had gotten themselves in trouble with the criminal justice system. Repeatedly I began to see a pattern of backgrounds which indicated problems of family difficulties, problems of illiteracy or droping out, and problems of drug-related behavior.

I guess the thing that finally got my attention in a rather dramatic fashion was representing a young man who had been charged with possession of marihuana, a misdemeanor in the State of Texas, and we had worked it out so that he and his parents were very amenable with the outcome in the criminal justice system.

Afterward I indicated to him that everything had been worked out but that, of course, he really needed to avoid use of illegal drugs in the future, including marihuana. The young man became very upset and almost broke down into tears. I could not quite understand why he was upset, given the fact that things had worked out to his satisfaction, and I pursued it by asking him: "What are you upset about? What is wrong?" He said: "Well, if I cannot smoke marihuana, I will not have any friends."

I think this issue of peer group pressure is so dramatically different from the experience of my generation of the high school age of the late 1950's, of the college age of the early 1960's, when the peer group, if anything, frowned upon drug use. We had, beginning in the late 1960's and continuing on through the 1970's, as was mentioned, perhaps at its peak in 1978, a real push, if you will, an encouragement of young people to get involved into the drug culture, principally with marihuana as the entry level drug.

I think our agency, dealing with voluntarism and supports volunteer efforts, can help on the prevention side. I think once you get into the treatment side, you are dealing with experts. We can offer a minimum amount of help. But I think in the area of drug prevention and drug education, volunteers have an enormous amount to contribute.

Senator SPECTER. How do you deal with that problem of peer pressure?

Mr. PAUKEN. Well, I think it is a combination of things. We are testing out some ideas. I think it requires involvement of parents groups. I do not think a one-on-one parent situation is sufficient. I think parents have got to come together. I think they are willing to volunteer when they see a problem. Getting them to recognize that they have a problem is half the battle.

Members of the National Federation of Parents for Drug-Free Youth, with no government funds from the Federal, State, or local level, have done a remarkable job of organizing parents as volunteers throughout the country. We are going to try to help their effort in terms of providing technical assistance to other parents.

Senator SPECTER. What kind of technical assistance, Mr. Pauken?

Mr. PAUKEN. Well, the technical assistance is in terms of how to organize, in terms of providing materials, and up-to-date, scientific information on marihuana. The scientific information has changed.

Senator SPECTER. Are there such materials available?

Mr. PAUKEN. Yes, there are. The American Council on Marihuana, headed by Dr. Du Pont, is preparing such materials right now. Those materials will be made available. We have provided a minimal grant. Those materials will be made available to parents groups throughout the United States.

Senator SPECTER. How broadly distributed are your volunteers in ACTION? Do you cover all the States?

Mr. PAUKEN. We are just starting. We have two programs, two demonstration programs that are underway. The parents movement is spread throughout the country. That technical assistance will be able to be provided to parents wherever they are interested in coming together.

Senator SPECTER. How much funding or how much staff do you have to proliferate that kind of programing?

Mr. PAUKEN. Constance Horner has worked more directly in this area.

Senator SPECTER. Welcome, Ms. Horner. Thank you for coming.

Ms. HORNER. Thank you, Senator. We are not providing this information directly through ACTION staff at headquarters here in Washington. What we are doing, in part, is to award a grant jointly to an organization at Georgia State University and another organization which is situated both in Maryland and in California.

These two organizations jointly will offer the following kinds of assistance on a national basis, supported through our grant, and they will offer this assistance to anyone who requests it, any member of the American public who requests it.

They will offer onsite consultation with groups of parents or citizens who wish to get together to tackle this problem in their families and communities. Parent leadership, who have been successful

in one locale, will go down the road 50 miles, for example, with travel funds supported by us——

Senator SPECTER. I would imagine that people would be very interested in the materials, if you can find a distribution system for them.

Ms. HORNER. That is another function of this grant, which is to offer materials already in existence, but with some reproduction supported by our grant, to anyone who asks for it.

Senator SPECTER. How big a grant are you talking about?

Ms. HORNER. We are talking about $175,000.

Senator SPECTER. That does not go too far, does it?

Ms. HORNER. Yes, it does. Ordinarily a grant of that magnitude would not go far at all, but in its capacity to generate volunteer efforts, there is a great magnification of the effect. So that if you have a parent who wishes to help another parent 20 miles down the road to get going on one of these groups to work with the schools or the law enforcement officials, what happens is that if we provide only the gas money and other expenses we are going to get 10 hours, 20 hours of service at no cost to the taxpayer. So actually it is not as small as it sounds.

Senator SPECTER. Has there been a spurt of volunteerism as a result of President Reagan's emphasis on volunteerism? Do you find more people coming forward?

Mr. PAUKEN. Absolutely. I think there is no question about it. It is a combination of things. I think in the drug-abuse area, the spurt of voluntarism is due to parents seeing the dangers, and I think young people are starting to get involved to a greater extent, and that is critical, the combination of parents and young people.

But in so many other areas, our retired senior volunteer program is increasing. Older Americans——

Senator SPECTER. Is that the Foster Grandparent program?

Mr. PAUKEN. Well, it is a separate program.

Senator SPECTER. Senior Companion program?

Mr. PAUKEN. Senior Companion program and——

Senator SPECTER. How many people do you have?

Mr. PAUKEN. We have over 300,000.

Senator SPECTER. 300,000 volunteers?

Mr. PAUKEN. Even with budget cuts, there are more volunteers today than there were 12 months ago.

Senator SPECTER. And you have the capacity to put out a mailing and say here is information on drugs, pass it out?

Mr. PAUKEN. We are encouraging our retired senior volunteer programs, which are locally run and locally controlled, to do more in this area. There are a number of retired senior volunteers working in this area, but we will be getting the information to them, as well as to our State and regional directors, to encourage them.

We see our role more as a catalyst, identifying successful efforts in the private sector, working with those individuals and groups who are committed, who are dedicated, and who have a proven track record, and helping them along, not trying to come in with a new large Federal bureaucracy or a new Federal program. And that is, I think, consistent with the President's message to the National Alliance for Business, in which he urged us to provide some

seed money, pump-priming money to serve as a catalyst to help get some of these things going, or encourage them to do more.

Senator SPECTER. What is your budget, Mr. Pauken?

Mr. PAUKEN. Our budget is approximately $130 million totally. Most of that goes to the Older American volunteer program.

Senator SPECTER. And how big is your paid staff?

Mr. PAUKEN. Our paid staff right now is 800. With a separation of the Peace Corps into an independent agency, we will be approximately 500 to 550.

Senator SPECTER. Has that not yet been completed?

Mr. PAUKEN. That is in the process of being completed right now.

Senator SPECTER. When do you expect that to be completed?

Mr. PAUKEN. I would anticipate that would be completed by the middle of February.

Senator SPECTER. Where are your offices in town?

Mr. PAUKEN. Our offices are at 806 Connecticut Avenue, NW., near Jackson Square.

Senator SPECTER. Do you stay there and the Peace Corps goes somewhere else?

Mr. PAUKEN. We will stay in the same basic facilities. There will be some interagency agreements.

Senator SPECTER. Just change the locks on some doors?

Mr. PAUKEN. It is a long story, as you know, Senator.

Senator SPECTER. Well, I really commend you on you efforts, all of you. I had occasion to be on the National Advisory Council of the Peace Corps some years ago. It was part of ACTION at that time and I know the work of ACTION. I know the work of your center on drugs, and it is very, very important work. I wish that the time permitted us to spend more time and go into greater detail.

One of the grave problems here in the Senate is that there is so little time, and so many pressures, and so many activities, but I am really pleased to hear about what is being done.

I would like to see us fashion a way on a systematic basis to get this information into the hands of more people, get it into the hands of all the boards of education. I think they have to make the decision as to whether they are going to use it for the first graders, and the parents have to make the decision as to how they are going to use it. But if we can find a distribution pattern, I think it would be an enormous help.

Mr. PAUKEN. Senator, just one final point. There is a lot of interest, both in the corporate and foundation world, in terms of making this happen. So we hope that in a few months from now we will be able to provide some information about increased distribution.

Senator SPECTER. I wish you would stay in touch with Bruce Cohen, who is my chief counsel, and give us the benefit of your thinking as you move along.

Dr. DURELL. We have described in our testimony several methods of distribution that we are involved in as well.

Senator SPECTER. Sounds good. Thank you very much.

[The prepared statement of Mr. Pauken follows:]

Prepared Statement of Thomas W. Pauken

Mr. Chairman, it is an honor to appear before this subcommittee today to describe the efforts the ACTION Agency is making to mobilize and support volunteers working in the crucial area of drug abuse prevention.

ACTION has decided to use its resources to address the problem of youthful drug use, not only because of the disheartening -- indeed, frightening -- levels of drug use by American teenagers and pre-teenagers, but also because there is reason to believe that volunteer efforts can ameliorate this problem to a significant degree.

Our activities, which I'll describe in a moment, are based on a number of premises:

1) Prevention efforts must be directed to the pre-teenager and teenager, as the populations most physically and psychologically vulnerable and the most prone to drug use.

2) Volunteers must engage in prevention activities, because prevention is the sphere, in part, of the non-professional, whereas treatment requires a level of expertise not amenable to widespread volunteer mobilization.

3) Volunteers must be enlisted to combat use of all illicit drugs, but especially the use of marijuana, as the most common drug of introduction to the drug culture.

4) Drug use must be attacked to some degree in the context of a range of ills which afflict young people -- juvenile crime, running away, alienation from family and community authority -- because use of drugs is often associated with these ills.

In exploring ways in which volunteers can mitigate some of these problems, we have concluded that there are three causes of drug use, among other factors which form the basis of ACTION's program.

One is the decline in family unity and in firm, confident parental guidance of the young; another is a pervasive absence of purposeful, generous, and wholesome activity available to young people themselves. A third cause is the lack of community-wide mobilization to create and insist upon a drug-free environment -- in schools, parks, recreation centers, places of entertainment -- in short, wherever youth are free to congregate. Instead, paraphernalia shops, "do-drugs" music and publications, and ambiguous messages from the adult world in general communicate a sometimes false, but perceptible tolerance for drug use.

To support families, to encourage, especially, parents as volunteers agsinst drug use, ACTION is

-- offering technical assistance to parent groups which are forming in large numbers nationwide to take responsibility for providing young people accurate information, strong guidance, and supportive and informed community institutions. This assistance will be offered by telephone, through a national toll-free number; through on-site assistance, as ACTION support allows leadership of successful parent groups to help those in the process of formation; through conferences and workshops; and through the provision of accurate up-to-date medical and scientific information, presented in laymen's terms.

-- testing a model which trains both adult and youth groups in methods of working with less informed peers to create a drug-free environment.

-- working with the White House on meetings designed to introduce parent movement leadership to leaders in the corporate, entertainment, and voluntary association worlds who may be of assistance to parents organizing to prevent drug use.

To insure the availability to these volunteers of medical and scientific information which reflects the latest, most accurate information regarding the health effects of drug use and other psychoactive drugs, ACTION is supporting the efforts of the American Council on Marijuana to provide this information in a form readily accessible to the ordinary citizen.

Because we believe that simple boredom is often a pre-condition to experimentation with drugs, and because we believe that young people need to serve their communities in order to mature successfully, we have instituted a new program, called Young Volunteers in ACTION. This program, in place at 12 sites across the nation with more to come in FY 82, mobilizes young people for part-time, non-stipended service to their communities. Although we anticipate that some of these Young Volunteers will engage in peer drug education, the focus is more general in its drug use prevention goal: youth who are busy and challenged helping others through a wide range of services will have little use for the escapist nature of drug use.

To assist young people who are at unusually high risk of drug use -- the emotionally and academically troubled, especially those from single-parent homes -- ACTION is testing a model program conducted by the Big Brothers/Big Sisters Organization of Nassau County, N.Y. This program adopts the adult big brother model in order to use mature high school juniors and seniors to work with and serve as companions to younger children judged to be at risk of juvenile crime, academic failure, or emotional difficulties. If this program succeeds, as we expect it will, it holds forth the promise of replication nationwide through private voluntary associations.

But parents and young people alone cannot eradicate drug use. They need the support of their entire communities to achieve this goal. Churches, neighborhood, groups, law enforcement agencies, and school officials all need to work together in behalf of our youth. One of the primary means of achieving this unity of purpose, we believe, is through the support of local and national business and industry.

Although volunteers cost little, they do cost something -- in time, expertise, and money. Soneone must coordinate the efforts of all these groups. Informational materials and media campaigns require financial resources. Often, it is the business leadership in communities and nationwide which has access to these resources. For this reason, ACTION's Policy and Planning and Voluntary Liaison staff have been active in seeking out, identifying, and encouraging such support. In recent months, ACTION staff have made numerous presentations to such corporate leadership, in the interest of spreading the word about successful corporate efforts. One in particular has shown considerable promise. I refer to the nation-wide Channel One youth recreation, work, and service programs partly funded through the National Institute on Drug Abuse. This program has been assisted through major contributions of money and organizational expertise by the Prudential Insurance Company of America. ACTION wants to help stimulate this kind of public-private partnership.

Our Agency is committed to the increased participation of volunteers in the prevention of drug abuse. The combination of strengthening the family unit, increasing opportunities for youth in their communities, and greater involvement of parents and young people in drug use prevention can begin turning the next generation of America's leadership away from the self-destructive path of the drug culture.

We believe there can be no more serious challenge to our civic spirit than voluntary cooperation toward this goal.

Senator SPECTER. I would like to call now Judge John Milligan, Circuit Judge, Fifth Circuit Court of Ohio, representing the National Council of Juvenile and Family Court Judges.

Welcome, Judge Milligan. We very much appreciate your traveling from Ohio to be with us this morning. I note from your record that you have served 17 years on the Stark County Family Court and are the past president of the National Council of Juvenile and Family Court Judges.

I regret that we find it necessary, as I announced at the outset, to abbreviate our proceedings because a joint session of Congress was scheduled after these hearings were established.

But we are very pleased to have you here. The focus of our attention is what to do about juvenile crime, and with particular concentration on the drug issue.

STATEMENT OF HON. JOHN MILLIGAN, CIRCUIT JUDGE, FIFTH CIRCUIT OF OHIO, REPRESENTING THE NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES

Judge MILLIGAN. Thank you, Senator. It is my pleasure to be here and to suggest first that obviously we are grateful for your interest in juvenile justice and what you have done as you have picked this up. I know I am talking to a former prosecutor, so it is interesting for a judge to be talking to a prosecutor about this issue.

My first two points were made clearly to me last night as I drove home from work and listened to the news. The network news in Canton, Ohio, recounted five youngsters apparently that you had here yesterday, who were telling their story.

The first point I wanted to make is one you obviously know. The judge is the wrong person to ask about what is "going down" on the streets. We see only the tip of the iceberg. I hope and I think it is important that judges understand that we are not seeing the whole picture.

What we are seeing, however, are the most serious cases. One of the things that the judicial process has to offer, that really no other agencies offer, is that in the coercive situation, we are the first agency that sees not just the youngster in trouble, but the youngster and his family.

The second point is one of which you are well aware. That is the lack of reliable data in terms of statistics. These kids made that pretty clear to you yesterday. I picked up last night the Philadelphia juvenile court annual report. I know that is your home district. It reports 6 percent of their total caseload were drug cases.

Now you know and I know that that is not the way it is. The fact is that those are simply the cases where that is the primary charge.

Senator SPECTER. What would your estimate be as to the realistic figure?

Judge MILLIGAN. I have sat day after day on the bench and wondered about this. In one period of 3 weeks in 1980, as I heard consecutive cases, and these were dependency cases, unruly or children in need of supervision, runaways, school problems, home problems, as well as criminal delinquency cases, boys and girls, 70 per-

cent of the cases clearly acknowledge in one way or another that drug use, and in some cases abuse, was a factor in the case. And yet the percentage of those cases that came to the court for that reason were minimal.

So obviously one of the tasks is identification of those cases that do involve substance abuse. And I think we are beginning to learn some techniques as to how to get along with that. The point is that statistics simply do not tell the story to you.

I have been wrestling with some of the problems we face. And may I suggest that one of the dimensions we must deal with is created by a generational cultural gap with that large group of young people today who perceive substance abuse, and I include alcohol, as a value of choice, as a positive value in their lives.

I think that creates a real problem for the system in terms of how we deal in a nonpermissive, coercive way, if we determine that this problem is as serious as I am convinced it is, with those youngsters who do not want to change.

It is easy to provide counseling and help and redirection for people who want to change, but the judicial process is dealing frequently with youngsters who do not want to.

Senator SPECTER. And how do you deal with that problem? Judge Milligan, your testimony will be made a part of the record in full. But how do you deal with the juvenile who does not wish to change?

Judge MILLIGAN. In my judgment at this point, with the state-of-the-art—and you may have heard some things that we need to learn about—with those youngsters who do not want to change, it seems that the two successful options are not acceptable to the general public and are not acceptable to government.

One represents the impact of religious conversion. I have seen it work. I know that youngsters have changed in their value system as a result of a religious experience. It causes them to move on with some determination and consistency and change patterns of life.

Very early on in my career I spent some time with Dave Wilkerson on the streets of New York, and I am satisfied that that is one model that works. But it is not acceptable from a total community point of view, and perhaps from a government-funding point of view.

A second way that may work is equally unacceptable, and it has to do with regimentation, discipline, firm, militaristic controls that may even sound like mind control. And I am aware of two programs in Ohio, both of which have gone under, that were having success in controlling youngsters, getting them off, getting them onto a new pattern of life that was very regimented discipline, and almost scarey in terms of———

Senator SPECTER. In any of your adjudications, do you ever deal with either of those remedies?

Judge MILLIGAN. Yes, but never without parental consent. Those are options that are explored with the parents. If the parents and those who are counseling them agree that this is an option of choice, we have frequently used it. Yes, indeed.

Senator SPECTER. And what do you do if the parents object to both of those options and you have a 14-year-old drug user who has taken to minor burglary? Do you incarcerate?

Judge MILLIGAN. Sure. That becomes the treatment of choice if there is no other option in terms of a youngster turning around and straightening out. And I do not think anybody is kidding us in terms of whether the straight incarceration program works insofar as changing attitudes. I am past chairman of the Youth Services Advisory Board in Ohio, which is the group that advises the Youth Commission, the agency that provides custodial care. And the constant hue and cry of all of us is: Get programs in place, working, using the techniques that are already available under coercion to deal with these kids.

And may I suggest one that I have seen work? I am a jogger and I am highly impressed with what has happened in some of the institutions with youngsters who have gotten into jogging as a way of getting high. It sounds corny, but I have seen it work. I went down to our major institution in Ohio for juvenile delinquent kids and I was really impressed with the extent to which these kids were in competition with themselves to improve themselves in their capacity to jog and run.

Almost everybody can run. They can experience success because they are not competing against anybody else or the world.

I ran into a kid about 3 months ago that I recognized on our street. He had been out of the institution for over a year. I said, "How you doing?" He says, "Fine; I am not back in." I said, "Quit conning me." He said, "I am not conning you; I am giving you the truth. I am straight." I said, "Are you running?" He said, "I sure am." And this kid is a jogger.

He really gets high in his enthusiasm, and I guess there is some physiological evidence at this point that the brain really does get high from jogging.

Senator SPECTER. There is no constitutional prohibition against a sentence to jogging, is there?

Judge MILLIGAN. No. As a matter of fact, we have set up a program in our community with volunteers from the Y and we are having limited success in fathers jogging with their sons. Interesting and hopeful kinds of things. And that is not just for drug cases.

Senator SPECTER. Judge Milligan, one of the issues commanding the attention of this subcommittee has been to try to identify the potential career criminal at an early stage. District Attorney Reno from Dade County, Fla., was just going through a chronology which is similar to one I have seen and I am sure you have, where there is a truancy at 8 or 9 and vandalism at 10 or 11 and petty larceny and burglary at 13 and robbery at 15 and armed robbery at 17, leading perhaps to homicide.

What suggestions would you have for the subcommittee on the issue of early detection of the crime cycle?

Judge MILLIGAN. The first thing I think has to happen is that the Federal Government has got to change its perspective of the status of a child. As long as we continue to believe, as we did at the inception of the Bayh Act in 1974, that children have a right to freedom, instead of a right to custody, we are going to create situations out of which that yen for freedom, whatever a child determines that

that means, is going to lead him in paths against authority and direction.

We have to, I think, accept as a national policy that children have a right to custody. They are not little adults. And when we begin to think about it that way, then we begin to structure custodial situations that can help youngsters develop the kinds of value systems that are contrary to this predominant subculture value.

Senator SPECTER. What kind of custody do you have in mind?

Judge MILLIGAN. I have in mind parental custody.

Senator SPECTER. They have that now, do they not?

Judge MILLIGAN. No. I'm talking about reinforcement of parental custody.

Senator SPECTER. How do you do that?

Judge MILLIGAN. Well, one of the things you do not do is give license, for instance in the runaway issue. You do not provide through the Federal Government alternatives in the runaway area that detract from and destroy parental rights and responsibilities.

Senator SPECTER. Specifically what do you mean by that?

Judge MILLIGAN. I mean, and we are going back now to some of the things that you and I have talked about in terms of what happened under the Bayh Act with the Federal mandate that States have no authority with respect to children who do not commit crimes, in terms of custodial provision of care. And we have gone through these horror stories of the youngsters who run away from home and who are sheltered and the parents are not notified about it and the parents are not involved.

And it grows out of, in my judgment, this attitude that children are little adults with a right to freedom, and not a right to custody. We need to reinforce parental custody.

Senator SPECTER. Do you have any other custodial aspect in mind besides parental custody?

Judge MILLIGAN. Well, I think we must as a society recognize that to the extent parental custody is inappropriate for a number of reasons—I will give you one in a divorce case, for instance, where the mother was continuing to use the shotgunning of marihuana into the mouth of a young child as a sedative for the child when it would cry, and evidence of neglect. That child needs custodial permanent care.

We are moving in beautiful ways toward providing permanence for children in alternate homes if the parents are not going to make it. I am talking about a progressive kind of thing.

Senator SPECTER. What is your suggestion for the earliest detection of potential career criminals among juveniles?

Judge MILLIGAN. Talk to the first grade teachers about those youngsters who have come to the first grade ill prepared for that experience. And I am not being facetious about this.

Senator SPECTER. You think you can detect them as early as the first grade?

Judge MILLIGAN. I think you can see those children who are beginning to develop those characteristics of disrespect for authority at that early age. I certainly do.

I would like to say one other thing in this area in terms of investigation of crime. Mr. Cohen and I spoke in the hall just a moment about it. I am concerned in the area of drug enforcement with juve-

niles with the problem not only of generational gap, but also the problem of detection and arrest.

As a court of appeals judge now, I can say to you that we are hearing many cases of the kind with which you are historically familiar. Law officers are confused and ineffective in their investigation because they do not know the perimeters of entrapment. And of all the areas of law enforcement that are difficult because of where the rights of one person's privacy end and intrusion begins, I would say that drug law enforcement is one of them.

As I read case after case upon appeal——

Senator SPECTER. You are talking about educating the officers as to the law on entrapment?

Judge MILLIGAN. Well, and I maybe even am talking about can the Congress help us with respect to the laws of evidence on entrapment? If we believe that this problem is so serious with children that it is destroying youngsters, then maybe the right of privacy of that youngster has to yield to the greater good, at some point, under obvious strict restraints, toward determining the truth.

Senator SPECTER. Judge Milligan, I would appreciate it if you would pursue that matter with subcommittee staff after the hearings end. I would really like to do that now, but the timetable just does not permit it.

Judge MILLIGAN. One other thing that I would like to ask for: Can the Congress please give us some help as we have in alcohol detection now? We need scientific, simple, cheap ways to determine when a person is under the influence of drugs. And law enforcement is having a terrible time with this issue, and the problems of proof are overwhelming.

Senator SPECTER. Well, again, let me ask you to develop that further with staff. I would appreciate it.

Judge MILLIGAN. May I make one other point? Do I have time?

Senator SPECTER. Sure.

Judge MILLIGAN. I would like to make a point about funding programs because I think it is important. I would really be excited if this committee might perceive that in funding programs of coercive drug control, you might think about letting free enterprise work. There are all kinds of agencies out there in this country that are working with kids.

I think it would be fiscally responsible and probably give us better return on the buck if we would, rather than fund programs that might possibly work in the future, that we say to that great system that is already in place: You come up with a program that works and you show us that it works, and we will fund it.

Senator SPECTER. Sounds good. Judge, I am very reluctant to end this discussion because you have so much to offer, but the time just mandates it. Please continue our discussion with the staff, I would be grateful.

Judge MILLIGAN. I certainly will, Senator. Thank you.

Senator SPECTER. Thank you very much for coming.

[The prepared statement of Judge Milligan follows:]

95-392 O - 82 - 5

PREPARED STATEMENT OF JUDGE JOHN R. MILLIGAN

COMMENTS CONCERNING DRUGS AND JUVENILES

Mr. Chairman:

I appreciate the opportunity to speak to this important legislative committee concerning an issue that is a large part of a problem that is threatening the fabric of our society -- children and drug use and abuse.

Judicial Perspective. Although many people in each community believe their juvenile judge is the authority on youth and drug use, the fact is that the juvenile judge is often the last person to deal with the problem, and then only in highly selective and aggravated instances. A higher level of intelligence as to the extent of the problem would be gleaned from the honest testimony of children in the schools of the nation. I will confine my comments to experiences and perceptions arising out of the administration of judicial duties over eighteen years as a juvenile judge in a county composed of 350,000 people and having 29 separate school districts.

Statistics.

Beware of statistics as any adequate indicator of the nature and extent of the problem of drug use and abuse. For example, the vast majority of cases coming before the juvenile court involving drugs do not involve charges of violation of the drug laws. We see strong-armed robbery, aggravated burglary, breaking and entering of doctors' offices, theft, receiving stolen goods and assault as the primary charge, only to learn that, in fact, the purpose or motive behind the crime charged was drug-related (either the purchase or use of drugs).

So also, many of the status offenders, school problems, runaway youth, and incorrigible youth are not charged as drug offenders, but are charged as unruly, or dependent or as children in need of supervision.

Statistics will not begin to tell the story.

On the other hand, for a period of three weeks in 1980, I personally kept a record of cases coming before the court that involved drug use or

abuse. I found that this issue was admittedly involved in seventy percent of the cases. I suppose that the figure was really higher. A school administrator recently told me that their biggest problem in the junior high is that fully fifty percent of the students come to school high on marijuana.

Law enforcement -- very difficult.

I see five barriers to effective law enforcement:

1. Sub-cultural factors. The youth sub-culture that is experimenting with, or regularly using, drugs and alcohol is generally outside the traditional institutional framework such as the family, the school, and youth agencies. There is a sense in which this culture has attached a positive, appropriate value upon drugs and alcohol. (Without meaning to overstretch the analogy, the current posture of the homosexual subculture is comparable.) An individual within a sub-culture that believes it is right, and law is wrong, is unlikely to be dissuaded from its perspective by law enforcement.

Thus, Dave Wilkerson, founder of Teen Challenge, persuasively argues that the only cure for drug addiction is religious conversion; anything short of that is fleeting. This point of view leads to the argument that we do youth no favor by coddling drug experimentation and abuse.

2. Availability. Drugs, particularly marijuana and alcohol, are now readily available within virtually every facet of the youth culture. The fact that drugs have become such a problem with the middle class is, in a sense, a blessing in disguise, for it finally calls to our collective urgent attention a problem that historically was not as widespread in its impact.

For law enforcement, impounding drugs is like trying to stop a rainstorm with a teacup.

3. Mobility. The mobility of families, youth, and the purveyors of drugs and alcohol further exacerbates the problems of law enforcement.

4. Age differential. Because law enforcement officers are adult, access to juveniles in investigation and enforcement is very difficult, particularly if entrapment is to be avoided.

5. Arrest and prosecution. Many of my colleagues suggest that investigation and arrest in a juvenile drug case, without entrapment, is almost impossible. Generally, an informant is essential. Prosecution is equally difficult, particularly when drug use is perceived as a social, not legal, problem.

Judges are increasingly dismayed by the reality of dealing with juveniles involved in drugs while the peddlers are unfound and unprosecuted, particularly when the judge perceives the juvenile as a victim rather than an offender.

The generation gap. Parents simply don't understand the drug scene. Over and over I have heard parents express relief and gratitude when they learned that their child was abusing alcohol, not drugs. Parents can understand drunkenness, generally for obvious reasons.

There is an enormous need for education of adults. However, such education must follow determination of what really is the truth.

Need for facts.

At this point in history, perhaps more than anything else, our nation needs to know with reliable, authoritative certainty what the truth is concerning drugs and their effect upon juveniles. The drug sub-culture rejects a firm anti-drug posture of government and other authority, unsupported by reliable evidence.

Let's get on with the task of finally determining the addictive implications of the drugs as well as the psychological dependence.

Let's find out how drugs effect the health of juveniles. (The recent revelations of the impact of marijuana upon pregnancy have been helpful, if they are accurate.)

What are the social results of drug use and abuse?

Obviously, scientific research needs to be expedited.

What to do.

The following recommendations are being made with a hopeful sensitivity to the funding realities facing the federal government.

A. Reach closure on facts.

B. Fund successful programs of:

1. Education of parents, youth, and youth leaders, (including teachers, judges, police, and other youth workers) and provide training.

If the suggestion is correct that drug addiction is self-destructive behavior that can only be stopped when the individual so decides, education is our best defense. And until we know what else works, let's spend our money on what is likely to do the most good.

2. Identification of users.

It is incredible considering the nature of the problem that law enforcement and other authorities still have no simple, inexpensive, scientific technique for measurement of whether a person is under the influence of drugs. (We need a drug "breathalyzer.")

Another barrier to identification of users is the issue of where the right of privacy of a child ends and yields to parental concern for his self-destructive behavior.

3. Law enforcement and training.

Law enforcement officers are highly frustrated with the dilemma of enforcement versus entrapment. Can federal government help them?

4. Programs and services.

I submit that the federal government should be slow to fund programs dealing with this specific issue for all of the above reasons.

To the extent programs and services are to be federally funded, I propose what is, to many, a drastic inversion.

LET'S LET FREE ENTERPRISE WORK TO DEVELOP EFFECTIVE PROGRAMS, AND FUND ONLY THOSE PROGRAMS THAT DEMONSTRATE SUCCESS. (We have long held the view that seed money innovative programs are the hallmark of the federal initiative. Curiously, even in funding these programs we have identified funding with projects that held the highest potential for success.)

I believe we can no longer afford this smorgasbord luxury.

From eight years of experience with OJJDP-funded programs, we should have learned a number of lessons about program potential for success:

A. Counselling, per se, is a waste of time and money.

B. Group counselling is generally ineffective unless tightly controlled and specific.

C. Programs to work must be directly related to the problem to be solved.

D. Successful programs teach skills that enable people to experience meaningful success.

E. Among the most successful programs are those that involve the whole family and focus upon improvement of communication skills, and these programs only work when the parties are given a structured opportunity to experiment, and there is follow-up.

F. Programs to be successful need the potential of sanctions as a reinforcement.

G. Sanctions need to be directly related to the illegal behavior.

H. Programs do not work unless there is strong follow-through and monitoring.

Conclusion.

This juvenile judge believes that under the current state of the knowledge, determining what the facts are concerning drugs and disseminating that information in a creditable way to the general public will be more effective than the funding of specific programs. To the extent programs are funded, the time has come to let the free enterprise system operate and fund those programs that can prove they are successful in achieving the result contemplated.

I thank this honorable committee for the opportunity to express one judge's opinion about one of the most pervasive, difficult problems in the 1980's.

Senator SPECTER. I would like to call now Ms. Penny Grodenchik, president of Gaudenzia, and Dr. Sidney Shankman, executive director and founder of Second Genesis, Alexandria, Va.

Your statements will be made a part of the record. Because of the time limitations, permit me to ask you to give us the benefit of your experience on Gaudenzia house, which has an illustrious record in Philadelphia going back for more than a decade. How might we deal with the problems of drugs and juveniles.

STATEMENT OF PENNY GRODENCHIK, PRESIDENT, GAUDENZIA, INC., PHILADELPHIA, PA.

Ms. GRODENCHIK. Well, our experience has been one of the most effective ways to deal with drug use in juveniles is peer counseling. One of our policies is as part of our reentry phase of our program, the people that have been through the program work in the schools and with community groups and in an outreach center to educate and rap with young people who are involved or look as if they are going to become involved in that kind of behavior along the line.

Senator SPECTER. How many people do you have at Gaudenzia now?

Ms. GRODENCHIK. In residential treatment we have 132; outpatient, we have 400.

Senator SPECTER. Do you have installations besides the main facility in Westchester?

Ms. GRODENCHIK. Yes, we have them throughout the eastern part of the State: Harrisburg, Lancaster, Westchester, Philadelphia.

Senator SPECTER. And those are outpatient?

Ms. GRODENCHIK. Inpatient and outpatient.

Senator SPECTER. How many do you have in Harrisburg?

Ms. GRODENCHIK. We have one inpatient facility. We have three outpatient programs: Two Hispanic, one just in Cumberland and Perry Counties.

Senator SPECTER. When you talk about peer assistance, how young does that peer assistance go?

Ms. GRODENCHIK. Normally by the time somebody is ready for reentry, the youngest age would be 17. At that time they are normally back in the public school system. Older than that, they would be in the outpatient center in Philadelphia, talking to youth that have been referred through the juvenile justice system on an outpatient basis.

Senator SPECTER. What is the earliest age that your experience shows someone is dealing with drugs?

Ms. GRODENCHIK. We have had verbal statements of 9 years old, one young girl of 8. Our youngest person in the program now is 13. We have two 13-year-olds.

Senator SPECTER. And what is your best recommendation as to how to deal with such an 8-year-old?

Ms. GRODENCHIK. Find out why they feel that they should be involved in that. I think that there is something missing, that that child is facing a gap in their lives, whether it is support from parents or friends or siblings, and try to reconstruct whatever that support system is they need in some other way.

[The prepared statement of Ms. Grodenchik follows:]

Prepared Statement of Penny Grodenchik

Gaudenzia, Inc., a multi-purpose human service agency, was founded in 1968 as a program designed to treat substance abuse and other forms of self-destructive behavior; educate the public as to the cause and prevention of the above problems; and, research the causes, prevention and treatment of dysfunctional behavior patterns.

For the past thirteen years, Gaudenzia has been providing drug rehabilitation and other treatment services to the residents of Pennsylvania. The success of our programs is based upon the provision of a comprehensive approach to the individual client's rehabilitation.

The Gaudenzia program began with one residential facility for long term intensive therapy in North Philadelphia, which is still in operation. It has since expanded to encompass ten facilities and thirteen separate programs throughout the state.

By 1970 a second residential facility in West Chester and an outpatient program in Philadelphia were established. In 1972, Gaudenzia added a third residential facility, located in Palmyra (the Central Pennsylvania region) for short-term residential treatment, referred to as Concept-90.

As Gaudenzia expanded, its programs became diverse and specialized in response to the needs demonstrated by the client population. Steadily developing new programs, Gaudenzia now fulfills the needs of several client populations, serving two major geographical areas. Gaudenzia's programs and services include; residential rehabilitation, outpatient treatment, prevention services, adolescent group home care, transitional

living for mentally disabled, vocational training,community and parenting groups, speaking engagements and volunteer training.

Residential Therapeutic Community Programs

Gaudenzia provides residential drug and alcohol rehabilitation in four facilities, two in the Eastern Region (in Philadelphia and West Chester) and two in the Western Region (in Harrisburg and Lancaster). Treatment in these programs is based on the Therapeutic Community modality, in which emphasis is placed on resocialization, and basic personality change is brought about through a unique group of behavioral methods. An important facet of this therapy is a home-like, extended family atmosphere.

This treatment varies in length from a three-month program to a long-term program requiring from twelve to eighteen months to complete, all involving intensive group and individual therapy and educational/vocational programs. The Vantage facility in Lancaster is specifically designed for alcoholic and cross-addicted women and their children. There are very few such facilities in the country, which offer a treatment alternative to women who would normally resist it due to parental responsibilities and the fear of having their children separated from them.

All of the residential programs emphasize the final phase of treatment, considered to be a critical point in recovery from addiction. A separate "Re-entry" phase gradually reintegrates the recovering individual into the community mainstream - adapting to employment, self-sufficiency, and personal achievment.

Therapeutic Community treatment is widely recognized as one of the most successful methods to effect sustained recovery. In Gaudenzia's network of programs this is evidenced by the fact that over 33% of the full-time staff are successful program completions, and a significant portion of these hold upper-level management positions.

Outpatient Programs

Of the five Gaudenzia outpatient programs two are in Philadelphia serving the county at large, two are in Harrisburg and one in Mechanicsburg, Pa. Each of these programs provide the same basic treatment regime which includes individual, family and vocational counseling, aid with job and school placement, legal and other professional services, but differ in the way these services are delivered.

One of the two programs in Philadelphia serves the adult population. The other program designed to meet the special needs of the polydrug abuser under the age of twenty-one. Data collected on the Philadelphia Adult Outpatient population varies little from that of clients in residential treatment. Up to 80% of the outpatient clients are stipulated to drug abuse treatment through probation/parole or the court system.

Centro De Vida, the outpatient program housed in the Spanish Speaking Center, serves the Hispanic population living in the Harrisburg area. It provides both treatment and prevention services at the center, as well as within the local school and prison system. The bilingual-bicultural background of the staff at Centro De Vida has proven to be most successful in treating this historically under-served population.

The newest outpatient program estabished in 1980, Gaudenzia Westshore, provides prevention and treatment services to the counties of Cumberland and Perry.

Other Social Services

Other residential programs include a transitional living facility for mentally disabled persons and a group home for adolescents who are in need of emergency shelter. These facilities serve a needy population and provide an alternative to institutionalized care in a home-like setting.

Gaudenzia also operates a Counseling Intervention program out of the Outreach facility in North Philadelphia. The program serves youth

whose home and family situations require intervention. Services are provided in the client's own home, and focuses on the family as a unit to help preclude future problems.

Funding by Source

Funding for the Gaudenzia programs for FY 81 was primarily fee for service or per diem funding from state and county and local authorities as well as client payments and contributions from the community and local businesses. Foundation grants for one time specific projects totaled $ 60,000.

Government Funding	$1,417,073
Client Payments	169,094
Third Party Payments	2,250
Contributions	90,660
Foundation Grants	60,000

The following charts are compiled from information reported in the Comprehensive Plan for Drug & Alcohol Treatment and Prevention Programs for the City of Philadelphia, 1981-1982

PRIMARY DRUG AT INTAKE TO TREATMENT

Primary Drug of Abuse	Number	%	Number	%
Heroin	3552	20.6	3977	19.4
Other Opiates	855	5.0	912	4.4
Alcohol	9448	54.8	11598	56.6
Barbiturates	374	2.2	409	2.0
Tranquilizers	209	1.2	158	0.8
Other Sedatives	165	1.0	288	1.4
Amphetamines	927	5.4	1308	6.4
Cocaine	87	.5	117	0.6
Marijuana	606	3.5	701	3.4
Inhalants	84	.5	60	0.3
Other	638	3.7	741	3.6

The following charts are compiled from information reported in the Comprehensive Plan for Drug & Alcohol Treatment and Prevention Programs for the City of Philadelphia, 1981-1982

Number of Heroin and All Drug Related Deaths

1977 - 1980 (Semi-Annual Data)

Time Period	Heroin Related Deaths	All Drug Related Deaths
1st 1977	26	54
2nd 1977	32	86
1st 1978	47	84
2nd 1978	11	46
1st 1979	19	69
2nd 1979	23	81
1st 1980	31	81

The following charts are compiled from information reported in the Comprehensive Plan For Drug and Alcohol Treatment and Prevention Programs for the City of Philadelphia 1981 - 1982.

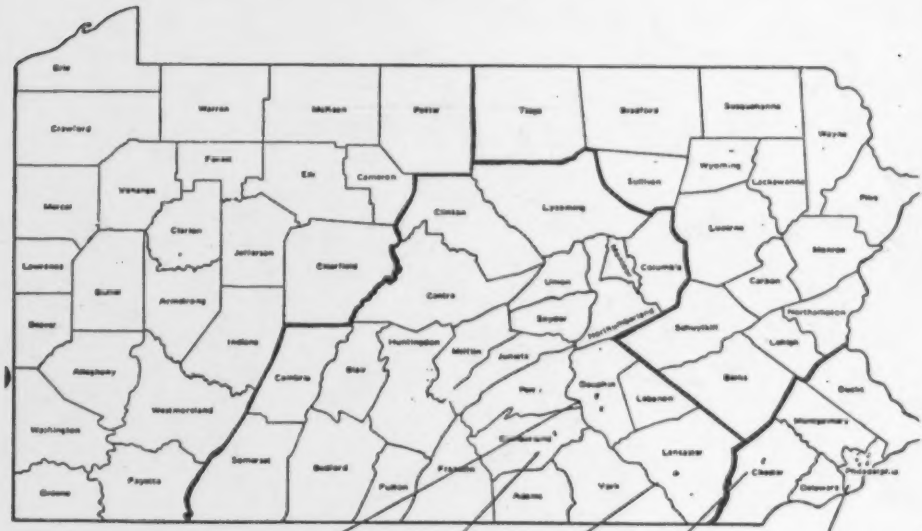
Distribution of all Clients by Age, Race, and Sex
1979 - 1980 (Fiscal Years)

	1979		1980	
SEX	Number	%	Number	%
Male	13993	82.6	16886	83.3
Female	2952	17.4	3383	16.7
Total	16945	100.0	202.69	100.0
RACE	Number	%	Number	%
White	5721	33.8	7446	36.7
Black	10376	61.2	11727	57.9
Hispanic	814	4.8	1054	5.2
Other	34	.2	42	.2
Total	16945	100.0	20269	100.0
AGE	Number	%	Number	%
Less than 18	717	4.2	1005	5.0
18 - 20	538	3.2	597	2.9
21 - 25	2517	14.9	2739	13.5
26 - 30	3603	21.3	4122	20.3
31 - 44	5769	34.0	7234	35.7
Greater than 44	3801	22.4	4572	22.6
Total	16945	100.0	20269	100.0

The client population on January 21, 1982 was 132. The following table shows primary drug of abuse, age and sex of those individuals stipulated to the program.

	Item	#
Primary Drug of Abuse	Heroin	22
	Alcohol	8
	Barbiturates	3
	Tranquilizers	2
	Amphetamines	22
	Cocaine	2
	Marijuana	5
	Other	3
	Hallucinogens	8
Sex	Male	64
	Female	11
Stipulated Clients		75
Age	less than 18	7
	18 - 20	9
	21 - 25	30
	26 - 30	18
	31 - 44	11

GAUDENZIA PROGRAMS - STATE-WIDE



·West Shore - Polydrug Outpatient

·Concept-90 - Residential Drug-Free
·Centro de Vida - Outpatient Bi-lingual

·Gaudenzia House - - Residential Drug-Free

·Vantage - Residential- Alcoholic women with children

·Gaudenzia House -Residentia Drug-Free
·Outreach - Adult Outpatien Adolescent Polydrug
·Omega House - Emergency Shelter
·Corporate Office

Senator SPECTER. Dr. Shankman, let me turn to you at this point with the same essential question. What is your best recommendation on how to deal with the juvenile drug problem?

STATEMENT OF DR. SIDNEY SHANKMAN, EXECUTIVE DIRECTOR AND FOUNDER, SECOND GENESIS, ALEXANDRIA, VA.

Dr. SHANKMAN. Well, as a child and adolescent psychiatrist, I would like to state that it is my belief that drugs are a symptom of a problem, rather than a problem per se. They are a masking device. You can find almost any reason for the use of them.

But when you find a youngster turning to drugs, I interpret that as a signal to intervene, to find out of what they are a symptom. You can explore by working through the schools. There were good teachers long before there were good child psychiatrists. With teachers, working through the schools, working with the schools, and working with the families, one can find out just of what they are a symptom.

Senator SPECTER. What is your experience as to the earliest point that you have seen anyone dealing with drugs?

Dr. SHANKMAN. At Second Genesis, we are a residential treatment facility. Our youngest in residence at the present time is 13. However, in the history of our youth who have been there, it has not been infrequent at all to find youngsters who started into drugs when they were in the second and third grades. There have been some cases documented where these kids started using when they were actually 6 years old.

Senator SPECTER. What suggestions would you have, Dr. Shankman, for Federal action on this subject?

Dr. SHANKMAN. Well, I would like to start by expanding what Judge Milligan said. I believe you have to show that a program works, and if one proves it can work and that it is practical, that you continue that program. It would be presumptuous of me or any other mental health professional to speak of any one program being the panacea.

The therapeutic community, which is a highly structured, nonpermissive, chemically free program, does work. It distresses me that people don't realize it costs about $21 a day to keep one of these youths in our program in any of the therapeutic communities, yet, it costs about $40 a day to incarcerate a youth. We have seen that traditional psychotherapeutic approaches with character disorders of juvenile delinquents generally do not work very well in a psychiatric hospital which costs $300 to $400 a day.

So just in terms of cost effectiveness, not to mention human costs which cannot be calculated, it would seem to me that emphasis on such pragmatic programs as therapeutic communities should be investigated. They have proven track records to show that they really do work.

I can also tell you as a child psychiatrist, and an adolescent psychiatrist, very much in keeping with Judge Milligan's statement, if you want to see a frightened child, you show me an undisciplined one. I am not sure I agree with Judge Milligan's ways of imposing structure. But I do think it is imperative that kids do have structure and that the rules be understandable and meetable. I am not

sure about the psychological effects of jogging, or with all due respect, that prayer, in itself is going to resolve any issue. I think that they have their merits. I do not think that we can impose them on people.

We can impose a healthy structure as we, throughout the United States, in programs like Second Genesis, Gaudenzia House, have shown, have demonstrated, we have lectured about theraputic communities throughout the world. The reason for the success of the program is based on the fact not that it is profound, but that it is practical and it is duplicatable.

Senator SPECTER. How many people do you have at Second Genesis?

Dr. SHANKMAN. At Second Genesis we have about 280 people in residence. However, I prefer fire prevention to firefighting. You asked earlier about what one can do in the community. Our youth have a commitment not only to themselves but to the community at large. And to this end they go out into the communities and they talk in the schools.

You can see some of our Second Genesis kids sitting here. If a kid, who might have been captain of a football team or basketball team, goes into the high schools and tells other kids what drug abuse is really all about, and I do not mean lectures in pharmacology, they will listen.

As a matter of fact, in northern Virginia we sent our youth throughout the area. In public health and in medicine, Senator, you measure your success not by the number of cases you have but the number of cases you do not have. This is called prevention.

Senator SPECTER. How do you measure the number of cases you do not have?

Dr. SHANKMAN. Well, when you send these youngsters out to the schools and they talk to the youth and they explain to them what drug abuse is all about, this is fire prevention. You can help kids to turn their lives around. In adolescence, the concept of peer pressure and role modeling is important. When a student can see someone who has become involved in drug abuse, who has expressed to these kids what he has done, it becomes a very important educational tool.

In northern Virginia, all the high schools got together. As an act of appreciation to the kids of Second Genesis for their help in drug education, students put on a play and the proceeds went to the program. We will not charge for our community services. The benefit performance was an act of appreciation for what Second Genesis had done for the youngsters throughout northern Virginia.

Our programs extend in Maryland, Washington and throughout Virginia.

Senator SPECTER. Dr. Shankman and Ms. Grodenchik, I would very much appreciate it if this dialog could be continued after the hearing with Mr. Cohen and the staff. I am sorry that we cannot go further. We are over time now and we have to assemble in the Senate Chamber for the joint session.

I have great admiration for the work of these residential treatment centers, had a substantial hand in getting the first grant of State money to establish Gaudenzia house in Westchester, Pa.,

back in 1968, and I certainly do commend you both for your efforts. I want to thank you very much for coming here today.

Dr. SHANKMAN. Thank you for permitting it.

Senator SPECTER. Thank you.

[The prepared statement of Dr. Shankman follows:]

PREPARED STATEMENT OF DR. SIDNEY SHANKMAN

SENATOR SPECTER AND MEMBERS OF THE SUBCOMMITTEE, MY NAME IS SIDNEY SHANKMAN, M.D. I AM EXECUTIVE DIRECTOR OF SECOND GENESIS, INC., A PRIVATE, NON-PROFIT, RESIDENTIAL, THERAPEUTIC COMMUNITY FOR THE TREATMENT OF ADOLESCENT AND ADULT DRUG ABUSERS, IN THE MARYLAND, VIRGINIA, AND WASHINGTON, D.C. AREAS. I AM ALSO A BOARD QUALIFIED PSYCHIATRIST IN BOTH ADULT PSYCHIATRY, AND CHILD AND ADOLESCENT PSYCHIATRY.

IN AN EFFORT TO ASSIST THE SUBCOMMITTEE'S INVESTIGATION OF THE ISSUES SURROUNDING JUVENILE DRUG ABUSE, I WOULD LIKE TO BRIEFLY DISCUSS THE PROBLEM, THE ADOLESCENT, AND THE SOLUTION WE SEEK AT SECOND GENESIS.

THE PROBLEM OF DRUG ABUSE AMONG ADOLESCENTS IS A DRASTIC ONE. IT IS A PROBLEM THAT HAS NEVER BEEN MORE SERIOUS. IT EXISTS IN THE CITY AND IN THE SUBURBS, AND CROSSES ALL SOCIOECONOMIC STRATAS. NO COMMUNITY SHOULD DELUDE ITSELF INTO BELIEVING ITS YOUTH ARE IMMUNE. NOT ONLY DOES THE PROBLEM APPEAR TO BE SPREADING, BUT IT IS OUR OBSERVATION THAT THE AVERAGE AGE FOR INITIAL DRUG CONTACT HAS STEADILY DECLINED. AND IT SHOULD BE NOTED THAT INVOLVEMENT WITH ANY ONE SUBSTANCE, INCLUDING MARIJUANA, GREATLY INCREASES THE LIKELIHOOD OF BECOMING INVOLVED WITH OTHER SUBSTANCES.

ALTHOUGH THERE IS LITTLE RESEARCH ESTABLISHING A CAUSAL RELATIONSHIP IN CURRENT TRENDS, IT APPEARS EVIDENT THAT AS THE AGE OF INITIAL DRUG CONTACT HAS DECLINED, THE INVOLVEMENT OF JUVENILES IN SERIOUS CRIME HAS INCREASED. IN A RECENT UPI RELEASE, BALTIMORE COUNTY POLICE "CHIEF CORNELIUS BREHAN SAID 44 PERCENT OF MAJOR CRIMES IN THE COUNTY LAST YEAR WERE COMMITTED BY PEOPLE UNDER 18 YEARS OF AGE AND SAID 20 PERCENT OF THE YOUTHS COMMITTING CRIMES WERE ON PAROLE OR PROBATION." IF THE YOUNG PEOPLE I WORK WITH ARE ANY INDICATION, I MUST BELIEVE THAT LOCAL JURISDICTIONS ACROSS THE COUNTRY ARE FACING THE SAME DILEMMA. THESE TEENAGERS TELL ME ABOUT REPEATED SUSPENSIONS, OR AS THEY CALL THEM "VACATIONS," FROM SCHOOL BEFORE ANYONE TOOK A FIRM POSITION

WITH THEM OR TRIED TO HELP THEM; AND THEY RECOUNT EIGHT TO TEN APPEARANCES IN JUVENILE COURT BEFORE ANYONE HELD THEM TRULY ACCOUNTABLE FOR THEIR ACTIONS. WE MUST BEGIN TO FACE THE FACT THAT WE HAVE WORKED SO HARD TO PROTECT OUR YOUTH THAT WE HAVE ACTUALLY HURT BOTH THEM, AND OURSELVES, IN THE PROCESS.

MUCH OF THIS RELATES DIRECTLY TO THE DYNAMICS OF ADOLESCENCE, WHICH IS, AT BEST, AN EXTREMELY LABILE PERIOD DURING WHICH THE YOUTH MOVES AWAY FROM THE FAMILY AND TOWARD THE PEER GROUP AS THE PRIMARY SOURCE OF SUPPORT AND ACCEPTANCE. THIS OCCURS IN THE NAME OF SEEKING FREEDOM AND INDEPENDENCE, WHICH THE ADOLESCENT LOOSELY DEFINES AS THE CAPACITY TO TAKE A HAND IN HIS OWN DEVELOPMENT. ALL TOO FREQUENTLY, THE ADOLESCENT CONFUSES FREEDOM WITH REBELLION, SINCE THE LATTER PROVIDES A FALSE SENSE OF INDEPENDENCE. UNDER THE GUISE OF SEEKING INDEPENDENCE, THE ADOLESCENT THUS REBELS AGAINST THAT WHICH ACTUALLY INSURES HIS FREEDOM AND INDEPENDENCE --- THAT IS, RESPONSIBILITY.

THERE IS AN ADDITIONAL "SYNDROME" WHICH IS QUITE RECURRENT AND CAN FURTHER EXACERBATE THE ADOLESCENT'S DILEMMA. IT OCCURS MOST FREQUENTLY AMONG THOSE PARENTS WHO HAVE EXPERIENCED "HARD TIMES" AS A CHILD. AS A RESULT THERE IS A TENDENCY TO PROTECT THEIR OWN CHILDREN FROM EXPERIENCING THOSE SAME STRESSES. IN THE PROCESS, THEY ACTUALLY DEPRIVE THE CHILD OF THAT WHICH THEY DID HAVE, EVEN IN THE WORST OF TIMES --- RESPONSIBILITY AND DISCIPLINE. AS A CHILD PSYCHIATRIST, I HAVE LEARNED THAT AN UNDISCIPLINED CHILD IS A FRIGHTENED CHILD.

ON THE ONE HAND, THE ADOLESCENT MAY BE ABLE TO RESOLVE THESE CONFLICTS, IN AN EFFECTIVE MANNER, WITH LITTLE OR NO INTERVENTION, EXCEPT FROM THE FAMILY. ON THE OTHER HAND, WHAT MAY EMERGE IS EVIDENCE OF A DEEPLY INGRAINED, MALADAPTIVE PATTERN OF BEHAVIOR, THAT IS PERCEPTIBLY DIFFERENT IN QUALITY FROM PSYCHOTIC OR NEUROTIC SYMPTOMS. THIS IS BROADLY REFERRED TO AS A PERSONALITY DISORDER, OR CHARACTER DISORDER. IT IS GENERALLY OF LONG DURATION, BECOMING RECOGNIZABLE AROUND THE TIME OF ADOLESCENCE. THE SUBCATEGORIES OF PERSONALITY DISORDERS MOST FREQUENTLY SEEN

IN A THERAPEUTIC COMMUNITY SUCH AS SECOND GENESIS ARE THE ANTISOCIAL OR DELINQUENT PERSONALITY, THE PASSIVE-AGGRESSIVE PERSONALITY, AND THE AGGRESSIVE REACTION TO ADOLESCENCE.

THE PERSON WHO DEVELOPS A CHARACTER DISORDER IS DIFFERENTIATED FROM THE NEUROTIC BY HIS MANNER OF "LURCHING" FROM ONE SELF-IMPOSED CONFLICT TO ANOTHER, AND BY THE REPETITIVENESS WITH WHICH HE APPLIES PARTIAL, INEFFECTIVE SOLUTIONS TO THESE CONFLICTS. MANY PERSONS WITH CHARACTER DISORDERS BELIEVE THAT THEIR SURVIVAL ACTUALLY DEPENDS ON THEIR CONTINUING TO BEHAVE AS THEY HAVE ALWAYS BEHAVED.

ALTHOUGH TRADITIONAL PSYCHOTHERAPEUTIC APPROACHES HAVE HAD LITTLE SUCCESS IN WORKING WITH INDIVIDUALS WITH PERSONALITY DISORDERS, IT WOULD BE PRESUMPTUOUS OF ANY MENTAL HEALTH PROFESSIONAL TO PROFESS THAT THEIRS IS THE ONLY APPROACH TO THIS FORMIDABLE PROBLEM.

WHAT I PROPOSE, IS TO TELL YOU ABOUT ONE APPROACH WITH A PROVEN TRACK RECORD OF SUCCESS --- THE THERAPEUTIC COMMUNITY. THIS IS THE MODALITY THAT IS USED AT SECOND GENESIS AND APPROXIMATELY 300 OTHER PROGRAMS OPERATING IN 47 STATES.

THE SECRET BEHIND OUR SUCCESS IS NOT THAT WE ARE PROFOUND, BUT RATHER THAT WE ARE PRACTICAL. IF, AS WE BELIEVE, PEER GROUP PRESSURE IS THE MAJOR CATALYTIC FORCE IN THE ADOLESCENT'S LIFE, WHY CAN'T WE USE A SIMILAR PEER GROUP PRESSURE TO HELP THE INDIVIDUAL CHANGE IMMATURE SOCIAL BEHAVIOR, ACQUIRE SOCIALLY ACCEPTED VALUES, AND ACHIEVE A MORE SATISFACTORY ADJUSTMENT. THIS IS THE ESSENCE OF THE PROGRAM WE OFFER.

THE THERAPEUTIC COMMUNITY IS A GROUP OF INDIVIDUALS LIVING AND WORKING TOGETHER IN A HIGHLY STRUCTURED, 24-HOUR-PER-DAY SETTING THAT SERVES AS A "UNIVERSITY" FOR SELF-AWARENESS, SELF-REALIZATION, AND RESULTING BEHAVIORAL CHANGES. EACH INDIVIDUAL LEARNS THAT PAST, PRESENT, AND FUTURE BEHAVIOR IS A RESULT OF FREE CHOICE, AND THAT WE ARE ULTIMATELY RESPONSIBLE FOR OUR OWN CONDITION. TO MAKE CHOICES, AND TO ACCEPT THE

CONSEQUENCES OF THOSE CHOICES IS PRIMARY TO THE DEVELOPMENT OF RESPONSIBILITY IN EACH RESIDENT. IN THIS DEMANDING SOCIAL SYSTEM, EACH INDIVIDUAL FUNCTIONS AS AN INTEGRAL PART, WITH A DEFINITE ROLE. SELF-DISCIPLINE MUST BEGIN TO DEVELOP IF ONE IS TO MEET INCREASING PEER EXPECTATIONS, AND ONE'S RESPONSIBILITIES WITHIN THE COMMUNITY.

AS THE ADOLESCENT DEMONSTRATES LEVELS OF SELF-AWARENESS, RESPONSIBILITY, AND DISCIPLINE APPROPRIATE TO THE COMMUNITY-AT-LARGE, HE IS ASSISTED (THROUGH CONTINUED TREATMENT, FAMILY THERAPY, AND VOCATIONAL AND EDUCATIONAL COUNSELING) IN TRANSFERRING THE SENSE OF BELONGING HE HAS DEVELOPED, TO THE LARGER COMMUNITY.

I HAVE INCLUDED AN EXTENSIVE OVERVIEW OF THE SECOND GENESIS PROGRAM AS AN ADDENDUM TO MY TESTIMONY, AND WOULD APPRECIATE IT BEING INCLUDED AS PART OF THE RECORD.

THE SUCCESS OF THE THERAPEUTIC COMMUNITY ALSO CARRIES A RELATIVELY LOW PRICE TAG. IT COSTS APPROXIMATELY $21 PER DAY TO TREAT AN ADOLESCENT AT SECOND GENESIS. THIS IS IN SHARP CONTRAST TO THE APPROXIMATELY $40 PER DAY COST OF DETENTION, OR THE $300-$400 PER DAY COST OF HOSPITALIZATION.

FISCAL COSTS AND SAVINGS ARE EASILY CALCULATED AND REDUCED TO FIGURES --- NOT SO HUMAN COSTS AND SAVINGS. IT IS TRAGIC THAT, AT A TIME WHEN NEED IS GREATEST, PROGRAMS ARE FULL TO OVERFLOWING AND FACING CUTBACKS. TO CITE A FEW EXAMPLES:

* GATEWAY FOUNDATION IN CHICAGO HAS 250 FILLED TREATMENT SLOTS AND 44 CURRENTLY ON WAITING LISTS.
* SPECTRUM HOUSE IN MASSACHUSETTS HAS ONLY 40 TREATMENT SLOTS BUT IS CARRYING 51 RESIDENTS IN TREATMENT, AND HAS BEEN INFORMED THAT FUNDING IS TO BE CUT BACK TO 30 SLOTS.
* IN THE STATE OF NEW YORK, 3,000 DRUG TREATMENT SLOTS ARE SLATED TO BE CUT THIS YEAR.
* IN MASSACHUSETTS WHERE THERE WERE 150 TREATMENT PROGRAMS 2 YEARS AGO, THERE ARE CURRENTLY ONLY 115 AND BY NEXT YEAR PROJECTIONS INDICATE THERE WILL BE NO MORE THAN 80.

IN MY OWN PROGRAM, SECOND GENESIS, OUR COMBINED CONTRACTS FUND 255 TREATMENT SLOTS. WE ARE CARRYING APPROXIMATELY 280 RESIDENTS IN TREATMENT, AND HAVE AT LEAST 55 OTHERS ON WAITING LISTS. FOR THE TIME BEING OUR TREATMENT SLOTS HAVE NOT BEEN CUT. INSTEAD, WE HAVE BEEN TOLD TO TREAT THE SAME NUMBER OF PEOPLE WITH 10 PERCENT LESS MONEY. A SITUATION WHICH IS FURTHER EXACERBATED BY THE FACT THAT, PRIOR TO THESE CUTS, OUR ACTUAL TREATMENT COSTS ALREADY EXCEEDED WHAT WE WERE PAID BY APPROXIMATELY 16.4 PERCENT.

I CANNOT BEGIN TO ESTIMATE THE NUMBER OF YOUNG PEOPLE NATIONWIDE, WHO ARE WAITING, OR NEED, TREATMENT. THE MULTI-FACETED PROBLEMS OF JUVENILE DRUG ABUSE AND JUVENILE CRIME DEMAND ACTION. THERAPEUTIC COMMUNITIES, SUCH AS SECOND GENESIS, ARE ONE MEANS OF ACTING EFFECTIVELY.

THANK YOU, SENATOR SPECTER, FOR TAKING THE TIME TO FOCUS ON THESE ISSUES, AND CALLING ATTENTION TO THE NEED FOR SOLUTIONS. I APPRECIATE THE OPPORTUNITY TO TESTIFY, AND WOULD MAKE MYSELF AVAILABLE IF I CAN BE OF FURTHER ASSISTANCE TO THE MEMBERS OF THE SUBCOMMITTEE.

PROGRAM OVERVIEW OF SECOND GENESIS, INC.

Second Genesis, a private, nonprofit, professional treatment agency, specializes in providing rehabilitation-treatment services to drug abusers, offenders, and others who have established non-coping, irresponsible lifestyles. Such treatment is provided through both outpatient and inpatient components, with therapeutic community, residential treatment being our primary rehabilitation approach. Treatment in a therapeutic community consists of a highly structured, thoroughly supervised, twenty-four-hour-per-day, chemical-free residential program which typically takes eighteen to twenty-four months to complete.

The Second Genesis program has often been described as a school which educates people who have never learned how to live and feel worthy without hurting themselves and others. Second Genesis helps people who have tried again and again to get what they wanted from life and have continually defeated themselves. The principle combines the basic and universal human values of knowledge, love, honesty and work with the dynamic instrument of intense group pressure in order to recognize and help correct the personality defects which prevent people from living by these values. The results are rehabilitation so that the individual may reenter his or her community as an independent and productive person.

The Second Genesis program had its origin in June, 1969, as the drug abuse component of the Alexandria Community Mental Health Center. At that time, the Center received a contract from the National Institute of Mental Health for a community-action oriented aftercare program for narcotic addicts from Northern Virginia who were committed to the Narcotic Addict Rehabilitation Act (NARA) Program by a Federal Court.

It was early recognized that in certain instances outpatient care, with urine surveillance checks, was not enough. A residential therapeutic community program was initiated in mid-March of 1970. Named by its occupants, The Second Genesis, this program had as its goal the complete rehabilitation of its residents to a productive rather than an enslaved way of life. This goal was accomplished through its rigorous therapeutic regimen, a highly structured, nonpermissive, self-help program.

Because of the essential expansion of and demand for the services of the Second Genesis therapeutic community, not only from Alexandria but from the adjacent jurisdictions, it became necessary to separate this vital component of services from the Alexandria Community Mental Health Center to permit the regionalization of programming. At its January 11, 1971, meeting, the Advisory Board of the Alexandria Community Mental Health Center endorsed the separation of the Second Genesis from the Alexandria Community Mental Health Center; the Board further endorsed the concept of transfer and continuation of the drug treatment and rehabilitation program (including the NARA contract) within the framework of a private, nonprofit corporation, Second Genesis, Inc. Thus, Second Genesis was incorporated under Section 501C of the Federal Internal Revenue Code, and in June, 1971, it was formally established as an independent organization.

Second Genesis now provides treatment rehabilitation services primarily to the Washington, D. C., Maryland and Virginia areas.

The program is staffed by a multidisciplinary professional group which includes a staff psychiatrist, a Ph.D. level clinical psychologist, master's degree mental health and vocational rehabilitation counselors, learning disabilities specialists, addiction specialists and a research analyst. The facilities are staffed by individuals, many of whom have completed treatment communities like Second Genesis and have gone on for further training as mental health professionals. This diversity of specialized skills permits the selective application of group therapy and individual counseling, educational and vocational services.

The Second Genesis therapeutic communities are residential rehabilitation centers which provide a family-like setting for persons regardless of age, sex, race, ethnic group, or socio-economic status all striving for the common goal of self-reliance at the same time discovering love and self-respect.

Residential treatment is implemented through two treatment phases with each phase usually lasting about a year. During Phase I, the resident's entire functional routine takes place within the facility, with treatment emphasis being placed on the development of responsible behavior and attitudes. Each resident is responsible for an in-facility job function, the nature of which changes regularly according to the therapeutic value of the specific job. Each resident participates in regular, three-times-per-week, encounter group therapy, and individual therapy is provided on an as needed basis throughout the day. During Phase II, encounter therapy is reduced and weekly psychodynamic

group therapy becomes a new part of the therapeutic regimen. In addition, residents receive vocational assessment and counseling, followed by vocational assistance in defining and implementing an occupational plan. Prior to entering Phase III, the outpatient phase of the rehabilitation process, a resident must have stable, income producing employment, an ample savings account, an approved residence outside of the program, and the individual must be considered clinically ready for responsible, independent functioning. Phase III individuals are required to participate in weekly outpatient group therapy and urine surveillance for a three to six month period prior to graduation from the program.

Second Genesis is funded primarily through contractual arrangements with: The State of Maryland, Drug Abuse Administration, Department of Juvenile Services, and Department of Social Services; The District of Columbia, Department of Human Resources; Prince George's County, Maryland; Montgomery County, Maryland; The Commonwealth of Virginia, Department of Mental Health and Mental Retardation, and the Departments of Social Services and Youth Services. Payment for services is rendered according to the specific terms of each contract; further, each funding source has its own specific administrative eligibility criteria which must be met by the individual in order to be funded. Supplementary funding is received in the form of cash and in-kind contributions from the general community.

The rehabilitation program at Second Genesis consists of the following:

A. Diagnosis and Evaluation

Second Genesis, Inc., offers a wide range of diagnostic procedures. These procedures include comprehensive social histories, psychiatric examination, psychological testing and assessment, and vocational-educational histories.

Referrals are generally accepted from authorized representatives of federal, state and local governments; although any individual interested in rehabilitation may contact Second Genesis directly. Each candidate will first be interviewed by a staff counselor in order to collect background data and to conduct a preliminary screening of suitability for participation in the program. Next, the candidate will be seen for a psychiatric and psychological evaluation in order to assess the degree and extent of psychiatric-psychological disability as well as to measure the motivation of the candidate for rehabilitation. The data collected will then be discussed at a regular diagnostic conference with a psychiatrist, psychologist, counselor, addiction specialist and other professionals present. Based on this conference, a clinical disposition-recommendation will be made as to whether or not the candidate is suitable for treatment. This recommendation when necessary, is then presented to an official of the court system for disposition.

If the candidate is found suitable for treatment, he/she will then be provided with a general physical, including routine laboratory tests. If the findings of the physical examination are unremarkable, including a determination that the candidate is without a physiological need for detoxification, residential treatment will be initiated. For those candidates requiring detoxification before entering the facility Second Genesis staff will assist the individual and/or the authorized representative in arranging for detoxification.

Residents placed in the program by the court system come to us after a comprehensive joint evaluation and mutual recommendation. Full cooperation and communication are present throughout the treatment process.

B. Treatment and Rehabilitation

The primary modality for treatment utilized in the residence is the therapeutic community interaction. The daily activities of the facility are under the direction of experienced addiction specialists, who in turn are supervised by a psychiatrist and clinical psychologist. This team meets frequently during the week for patient staffings in order to continually monitor the psychological growth of each resident. Each facility has twenty-four hour coverage provided by professional staff and responsible older residents.

Therapy is a twenty-four-hour-a-day process in the community. Beginning with morning meeting at 9:00 a.m., every moment of the resident's day is designed to enhance, stimulate, and accelerate personal growth leading to self-responsibility, freedom from chemical abuse and elimination of antisocial behavior. Following morning meeting, the resident reports to his job assignment until lunch. After lunch, all residents attend seminars, designed to broaden the scope of the socially handicapped drug abusers. Returning to his job function after seminar and remaining there until dinner, which is held at approximately 5:30 p.m., the resident prepares himself for encounter therapy three times a week on Monday, Wednesday, and Friday evenings. If an individual has not finished high school, he will attend classes in the facility on Tuesday and Thursday to obtain the General Equivalency Diploma (GED)..

Throughout the resident's stay in the facility, unscheduled urine samples are collected and analyzed to insure a chemical-free environment. Direct counseling is provided for personal, educational, social and vocational problems on either an individual or group basis.

Special treatment, counseling, and orientation services are scheduled for the families of residents.

Wherever possible, emphasis is given to the continuance of education even while a resident of the house. This takes the form of preparation for the GED, or actual matriculation, while a resident, in a local high school or university.

When, in the opinion of the professional staff of Second Genesis, a patient is ready to begin his gradual reentry to the community, he will be provided with vocational counseling directed toward career development and job placement or further educational endeavors. Budgetary planning and guidance will also be afforded him as he prepares himself to live outside the therapeutic community facility.

When the patient has graduated from the Second Genesis, Inc., therapeutic community, follow-up will continue until such time as the professional staff considers him ready for discharge from the program.

C. Administrative Services

(1) At regular intervals, patient progress reports on all residents are forwarded to the appropriate court and governmental officials, when required.

(2) Special reports will be sent whenever significant change takes place in the patient's status, i.e., when he leaves the program before treatment is completed or is dropped from the program, when he graduates from the therapeutic community and when he is discharged from the program. Those to be notified of such changes by Second Genesis, Inc., will include, when appropriate, the family, probation officer, and the court system.

D. Family and Community Participation

An important goal of Second Genesis is to create community awareness and understanding of its concepts and ideals as well as of the characteristics and problems of its residents. Following are some of the provisions made toward this goal:

(1) Twice each month, the parents of residents and other interested citizens meet in what we term "cerebration sessions." In these sessions, concepts of group interaction similar to those used inside the house are applied toward the understanding of such topics as drug abuse, behavioral problems of residents, and emotional growth;

(2) Once a month, the residents of Second Genesis hold an open house. This gives friends, relatives, businessmen, and interested citizens the opportunity of meeting the staff and residents, and the opportunity to see and learn about what we are trying to accomplish;

(3) The staff and residents of Second Genesis readily accept invitations to speak to sponsored groups who wish to know about our program. Many times this provides an opportunity for an open dialogue between Second Genesis and the community. We have spoken to many different groups of people, at grade schools, high schools, colleges, and various youth, church and civic organizations;

(4) Second Genesis participates in many charitable community endeavors on a regular basis, such as sponsoring Christmas parties for underprivileged children;

(5) Second Genesis' staff provides formal group therapy to the spouses or parents of the residents. The goal is to assure the level of communication and growth necessary between a resident and his or her family for the transition from inpatient to outpatient status to be successful;

(6) Twice a month, families and interested people from the community are provided an opportunity to meet with the staff in order to gain an understanding of the level of communication and growth being developed in the treatment process.

REFERRALS

Anyone can make referrals by contacting the Intake Counselors located at the following addresses:

Second Genesis, Inc.
1204 Prince Street
Alexandria, Virginia 22314
(703) 683-4610
Mon.-Fri. 9-5

Second Genesis, Inc.
4720 Montgomery Lane
Suite 502
Bethesda, Maryland 20014
(301) 656-1545
Mon.-Fri. 9-5

Senator SPECTER. The hearing is adjourned.
[Whereupon, at 10:30 a.m., the subcommitte was adjourned.]

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